



Request for Approval of Supplemental Salaries

SECTION 1: Employee Information

Employee Name _____ TSU ID# _____

Regular Position _____ Department _____

Full-time Salary _____

SECTION 2: Pay and Funding Source Information for Supplemental Salary

Description			Amount	From	Until	
Monthly rate of pay in excess of the regular full-time rate			\$			
Charged to	Fund	Organization	Acct	Program	Activity	Position#
Requesting Department			Dept. Head		Date	

SECTION 3: Justification

Current Supplement Amt: _____ Requested Supplement Amt: _____ Total for FY _____ \$ _____

SECTION 4: Certifying Statement

I certify that the service being performed is outside my normal working hours. The total supplemental salary received by me to date from any University source, when added to the supplemental salary requested herein will amount to \$ _____ and will not place me in violation of the University's policy on total allowable supplemental salaries for the current fiscal year.

Employee Payee _____ Date _____

SECTION 5: Approvals

Home Department/College

1st Line Supervisor/Manager (Print) Date Signature Date

Requesting Department/College

1st Line Supervisor/Manager (Print) Date Signature Date

Dean/Department Chair

2nd Line Supervisor/Manager (Print) Date Signature Date

Provost/EVP

(Print) Date Signature Date

Budget

Representative (Print) Date Signature Date

Human Resources

Representative (Print) Date Signature Date

President

(Print) Date Signature Date



Justification for Supplemental Salary Request

Justification/Scope of Work:

Days/Hours Work Will Be Performed:

Will this work interfere with the employee's normal work hours, duties and responsibilities?

Yes

No

Is this work outside the employee's normal duties and responsibilities?

Yes

No