

SHRA Exempt Supplemental Pay Request

The form should only be utilized to process supplemental pay for EXEMPT SHRA employees performing work outside of their normal job duties. Approval from Human Resources should be obtained prior to an offer of employment.

CURRENT EMPLOYEE/DEPARTMENT INFORMATION

Employee ID _____ Employee Name _____

Classification Title _____ Position Number _____ Primary OUC _____

Primary College/Division _____ Primary Department/Unit _____

Grade or Career Band _____ FTE _____ FLSA Status _____ Current Salary _____

Current Working Title _____ Current Band _____ Proposed Level (C/J/A) _____

Primary Supervisor Name and Title _____ Primary Supervisor Phone _____

DEPARTMENT REQUESTING SUPPLEMENTAL SERVICES

OUC _____ College/Division _____ Department/Unit _____

Borrowing Supervisor Name and Title _____ Borrowing Supervisor Phone _____

Supplemental Working Title _____ Estimate of Total Supplemental Hours _____

Proposed Work Begin Date _____	(if assigned) Proposed Work End Date _____	Requested Pay Basis (Hourly or Flat sum) _____	Proposed Supplement (Rate or Amount) _____
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Description of Supplemental Assignment - Describe the work to be performed. Indicate any special qualifications of employee

SIGNATURES

Signing below indicates approval for employee to pursue supplemental work assignment and receive additional compensation. Supplemental work must not interfere or conflict with the employee's regular duties.

Primary Supervisor _____ Date _____

Primary Department/Unit Head _____ Date _____

Primary Dean/Vice Chancellor/Representative _____ Date _____

Signing below indicates approval to pay the proposed amount for services rendered and certification that supplemental work will not interfere or conflict with the employee's regular duties.

Requesting Supervisor _____ Date _____

Requesting Department/Unit Head _____ Date _____

Requesting Dean/Vice Chancellor/Representative _____ Date _____

Human Resources Use Only - Notice of Approved Supplemental Pay Action

Approved Pay Type (Hourly/Flat) _____	Approved Rate/Amount _____	Analyst _____
Overtime Pay Required (Y/N) _____	Annualized Equivalent _____	Date Approved _____
HR System Additional Pay Code _____	Notification _____	