

**REQUEST FOR SUPPLEMENTAL PAY AUTHORIZATION**

**TO:**

\_\_\_\_\_   
Dean of

**FROM:**

\_\_\_\_\_

**SUBJECT:** Supplemental Pay for \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_

**DATE:**

Employee Name and Title:

Account for payment:

Amount to be paid:

Date Start:

Date Stop:

Equivalent in Hours:

Reason for Supp Pay:

	Signature	Date
Chair/Director (Or supervisor)		
Dean		
Employee Acknowledgement		