

This form is used to authorize additional payments (wages) for faculty, exempt (salary) staff and Graduate Assistants. This form should not be used for non-exempt (hourly) staff employees. Completed form needs to be in the payroll office at least 2 weeks prior to payroll payment date.

#### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
*Last First Middle Initial*

Banner ID: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Faculty      \_\_\_ Exempt (Salary)      \_\_\_ Graduate Assistant

#### PAYMENT DETAILS

Fund #: \_\_\_\_\_ Org #: \_\_\_\_\_ Account #: \_\_\_\_\_ Activity Code: \_\_\_\_\_

Scheduled Pay Date: \_\_\_\_\_

One-time supplemental pay amount: \$ \_\_\_\_\_

#### ADDITIONAL INFORMATION

Purpose of supplemental pay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### APPROVAL SIGNATURES

\_\_\_\_\_  
Department Head/Academic Chair/Dean (print)      (signature)      Date

\_\_\_\_\_  
Division VP (print)      (signature)      Date