

## Classified Staff/Service Professional Supplemental Compensation Request

**Supplemental Compensation Requests MUST be approved prior to making final arrangements to begin work.** This form should only be submitted for employees whose primary position is full-time Classified Staff or Service Professional. Additional pay for part-time Classified Staff and Service Professionals must be submitted on an ePAR. For non-exempt employees, all supplemental work is subject to overtime requirements and must be paid at a rate of at least time and one-half of the employee's primary hourly rate.

According to Personnel Policy 2.04, in order for work to be eligible for supplemental pay, it must be:

1. Performed outside of the employee's normal work hours (i.e. evening or weekend work) OR the employee must use vacation hours or work a flexible schedule to accommodate completion of the supplemental work (ROA or flexible schedule agreement must be attached). **AND**
2. Performed for a different department than the employee's home department OR the duties must be separate and distinct from the employee's primary position duties in order to be considered for supplemental compensation.

For questions regarding the eligibility of supplemental compensation for work performed, please consult with your Employment & Compensation Analyst.

### Instructions to complete the form:

1. **Primary Position Information** – Enter employee's home department/primary position information. All areas must be completed.
  - a. The Primary Schedule portion should reflect the normal hours that this employee performs work for their primary position. Include lunch times if employee is performing supplemental work during their lunch break.
  - b. If the supplemental pay is for work on a sponsored project, the job title and job description must be an approved position under the sponsored agreement.
2. **Supplemental Work Information** –
  - a. Enter the department that is requesting the supplemental work, the supplemental job title and supplemental job description. Include the basic duties that will be required to complete the supplemental work.
  - b. Enter the hourly rate to be paid and the total hours the supplemental work will take to complete. Classified staff in a primary position that is full-time and non-exempt must be paid at least one and one-half times their normal pay rate. Total hours cannot exceed 384 in a fiscal year and will be prorated for less than 12-month appointments.
  - c. Initiator section should contain the name and phone extension of the person that should be contacted with any questions on the supplemental work.
  - d. Check all of the policy criteria that apply to this request. Supplemental work must be performed outside of normal work hours or during scheduled vacation time. An ROA or flexible schedule agreement must be attached for all requests performed during scheduled vacation time/normal work hours.
  - e. Enter the dates the employee will be performing the supplemental work. These dates will also determine the period of payment if bi-weekly payment is selected.
  - f. Select method of payment. For requests that span longer than one pay period, choose the bi-weekly option. One time payments will be made on the next available pay period after ending date of the supplemental work.
3. **Approvals** – Both the employee's primary and supplemental work departments must approve the request. If any of the signatures are the same person, only one signature is required (ex: primary department is Biology, supplemental department is Engineering. This would require signatures from the Supervisor and Chair of each department, but the Dean and Provost would only have to sign the form once since they both oversee the College of Engineering and Natural Sciences.) The Office of Grants and Contract Services must review supplemental pay requests for sponsored projects.
4. Once all approvals have been obtained, the Budget Office must review and sign before forwarding to Human Resources.

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Primary Position Information

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ FTE\*: \_\_\_\_\_ Financials Dept ID: \_\_\_\_\_  
 Primary Job Title: \_\_\_\_\_ Fund: \_\_\_\_\_ Program: \_\_\_\_\_ Project: \_\_\_\_\_  
 Home Department: \_\_\_\_\_ Annualized Salary: \_\_\_\_\_  Fiscal  Academic  
 FLSA Status:  Exempt  Non-exempt\*\*  Classified Staff  Service Professional

Primary Work Schedule – Enter the normal work times of the employee. Include lunch times if applicable.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Supplemental Work Information

Supplemental Work Department: \_\_\_\_\_ Initiator: \_\_\_\_\_ Phone: \_\_\_\_\_ Financials Dept ID: \_\_\_\_\_  
 Supplemental Job Title: \_\_\_\_\_ Fund: \_\_\_\_\_ Program: \_\_\_\_\_ Project: \_\_\_\_\_  
 Hourly Rate: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_ Total Payment: \_\_\_\_\_

Job Description for Supplemental Work (if supplemental work includes teaching a course, please include: Course Subject & # (ex. ENG101), Section Number, Course Number, Term and Course Credits Paid (not always the same as the credit load for a course):

Supplemental Schedule – Enter the time(s) that the supplemental work will be performed.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Supplemental work must be performed outside of normal work hours or during scheduled vacation time. If during vacation time, ROA or flexible time agreement must be attached.

Check all that apply (at least one must be checked):  Work is being performed for another department  Job duties are separate and distinct from primary classification.

Supplemental Work Dates: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Payment Method:  One Time (paid after ending date)  Biweekly (for period above)

Approvals (as applicable)

Primary Department Signatures (Print & Sign)			Date	Supplemental Department Signatures (Print & Sign)			Date
Supervisor				Supervisor			
Dept Manager				Dept Manager			
Chair/Director				Chair/Director			
Dean				Dean			
Spon Projects				Spon Projects			
VP/Provost				VP/Provost			

\*If FTE is less than 1.0, additional pay should be processed on an ePAR. This form is for full-time employees only.

\*\*If the primary position is non-exempt, all supplemental work is subject to overtime requirements and must be at least time and one-half of the employee's primary hourly rate.

NOTE: Please print this form double-sided.

**Budget/Human Resources Use Only:**

<u>Payment</u>	<u>Hours</u>	Rate per Hour: _____	FTE: _____
Previous Cumulative Amount: _____	Previous Cumulative Hours: _____	Dept: _____	Job Code: _____
Amount this Request: _____	Hours this Request: _____	Object Code: _____	\$: _____
New Cumulative Amount: _____	New Cumulative Hours: _____	Position Number: _____	(Max=312/Academic, 384 Fiscal)

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Budget Office Signature & Date:

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Human Resources Signature & Date: