

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 _____	