Original ☑
Revision ☐
Continuation ☐

UNIVERSITY OF ARIZONA

SUPPLEMENTAL COMPENSATION AUTHORIZATION

Date _____

CLASSIFIED STAFF

Print on regular paper. Send one copy to Human Resources. Retain a copy for departmental records.

PRIMARY POSITION INFORMATION

EMPLOYEE NAME _____ (Last) (First) (MI)

EMPLOYEE ID NUMBER _____ FTE _____

PRIMARY TITLE _____

ANNUALIZED SALARY _____ ACADEMIC ☐ FISCAL ☐

HOME DEPT. NAME _____ HOME DEPT. # _____

FLSA STATUS: EXEMPT ☐ NON-EXEMPT ☐

SUPPLEMENTAL COMPENSATION INFORMATION

HIRING DEPARTMENT NAME _____ DEPT. # _____

JOB TITLE _____

JOB DESCRIPTION _____

SUPERVISOR'S POSITION # _____ TIME APPROVER'S POSITION # _____

POSITION # _____ HOURLY RATE $ _____

ACCT # _____ SUB-ACCT# _____ AMT $ _____ DIST % _____ ACCT DATES _____

ACCT # _____ SUB-ACCT# _____ AMT $ _____ DIST % _____ ACCT DATES _____

ACCT# _____ SUB-ACCT# _____ AMT $ _____ DIST % _____ ACCT DATES _____

ACCT # _____ SUB-ACCT# _____ AMT $ _____ DIST % _____ ACCT DATES _____

EARNED $ _____

TOTAL # HOURS TO BE WORKED _____

INITIATOR NAME _____ PHONE # _____

PAY START DATE	PERIOD END DATE	# OF DAYS	HOURS

APPROVALS

AUTHORIZED SIGNER – HIRING DEPT. DATE	FUND ACCOUNTANT DATE	FUND ACCOUNTANT DATE
AUTHORIZED SIGNER - HOME DEPT. DATE	HOME COLLEGE DEAN/DIRECTOR DATE	HUMAN RESOURCES DATE

Forward Signed Form to Human Resources