

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 _____ _____ POSITION # _____ HOURLY RATE \$ _____ ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ TOTAL AMOUNT TO BE EARNED \$ _____ TOTAL # HOURS TO BE WORKED _____ INITIATOR NAME _____ PHONE # _____	PAY	PERIOD	# OF DAYS	HOURS
	START DATE	END DATE		

APPROVALS

DEPT. HEAD – SUPPLEMENTAL COMP _____	DATE _____	FUND ACCOUNTANT _____	DATE _____	FUND ACCOUNTANT _____	DATE _____
HOME DEPT. HEAD _____	DATE _____	HOME COLLEGE DEAN/DIRECTOR _____	DATE _____	HUMAN RESOURCES _____	DATE _____

Forward Signed Form to Human Resources