

ORIGINAL REVISION

CONTINUATION

UNIVERSITY OF ARIZONA SUPPLEMENTAL COMPENSATION AUTHORIZATION Appointed Personnel

Date _____

EMPLOYEE NAME _____
(Last) (First) (M.I.)

EMPLOYEE ID NUMBER _____

FACULTY

ADMINISTRATOR

PROFESSIONAL

HOME DEPT. NAME _____ Dept. # _____

ANNUALIZED SALARY \$ _____

FTE _____

ACADEMIC

FISCAL

PRIMARY TITLE _____

S U P P L E M E N T A L C O M P. I N F O	HIRING DEPT. NAME _____ DEPT. # _____	PAY PERIOD DATES		# OF DAYS	MAX. HOURS
	JOB DESCRIPTION _____	Start	End		
	POSITION # _____ HOURLY RATE \$ _____ START DATE _____ END DATE _____				
	ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ <small>(If different from above)</small>				
	ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ <small>(If different from above)</small>				
	ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ <small>(If different from above)</small>				
	ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ <small>(If different from above)</small>				
	INITIATOR NAME _____ TOTAL # OF HOURS TO BE WORKED _____				
	INITIATOR PHONE _____ TOTAL AMOUNT TO BE EARNED \$ _____				

A P P R O V A L S	DEPT. HEAD – SUPPLEMENTAL COMP _____	DATE _____	FUND ACCOUNTANT _____	DATE _____	FUND ACCOUNTANT _____	DATE _____
	HOME DEPT. HEAD _____	DATE _____	SENIOR VICE PRESIDENT (FACULTY) _____		DATE _____	
	HOME COLLEGE DEAN/DIRECTOR _____	DATE _____	SYSTEMS CONTROL _____		DATE _____	

FOR SYSTEMS CONTROL USE ONLY			
AUTHORIZED HOURS	AUTHORIZED EARNINGS	PREVIOUS SUPPLEMENTAL COMPENSATION PAYMENTS	TOTAL PAYMENT
_____	\$ _____	_____	\$ _____
ANNUALIZED SALARY	\$ _____	_____	\$ _____
SYSTEMS CONTROL USE:		_____	\$ _____

FORWARD SIGNED COPIES TO SYSTEMS CONTROL