

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 \_\_\_\_\_

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

<b>A P P R O V A L S</b>	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