

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		
	SUPERVISOR'S POSITION # _____ TIME APPROVER'S POSITION # _____					
	POSITION # _____ HOURLY RATE \$ _____ START DATE _____ END DATE _____					
	ACCT # _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT DATES _____ <small>(If different from above)</small>					
	ACCT # _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT DATES _____ <small>(If different from above)</small>					
	ACCT # _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT DATES _____ <small>(If different from above)</small>					
	ACCT# _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT 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	_____	_____	_____	_____
	AUTHORIZED SIGNER – HIRING DEPT.	DATE	FUND ACCOUNTANT	DATE
	_____	_____	_____	_____
	AUTHORIZED SIGNER - HOME DEPT.	DATE	SPONSORED PROJECTS / PROVOST APPROVAL	DATE
	_____	_____	_____	_____
	HOME COLLEGE DEAN/DIRECTOR AUTHORIZED SIGNER	DATE	SYSTEMS CONTROL	DATE

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

FORWARD SIGNED COPIES TO SYSTEMS CONTROL