

UNIVERSITY OF ARIZONA  
**SUPPLEMENTAL COMPENSATION AUTHORIZATION**  
**Graduate Assistants/Associates**

Original

Revision

Continuation

Date \_\_\_\_\_

**PRIMARY POSITION INFORMATION**

EMPLOYEE NAME \_\_\_\_\_  
 (Last) (First) (MI)

EMPLOYEE ID NUMBER (EID) \_\_\_\_\_ FTE \_\_\_\_\_

PRIMARY TITLE \_\_\_\_\_

HOME DEPT. NAME \_\_\_\_\_ HOME DEPT. # \_\_\_\_\_ ACADEMIC  FISCAL

**Position Information**

POSITION # \_\_\_\_\_ HOURLY RATE \$ \_\_\_\_\_

HIRING DEPARTMENT NAME \_\_\_\_\_ DEPT. # \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION END DATE \_\_\_\_\_

SUPERVISOR'S POSITION # \_\_\_\_\_ TIME APPROVER'S POSITION# \_\_\_\_\_

**Position Distribution**

ACCOUNT # \_\_\_\_\_ SUB-ACCT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DIST % \_\_\_\_\_ ACCOUNT DATES \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ SUB-ACCT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DIST % \_\_\_\_\_ ACCOUNT DATES \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ SUB-ACCT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DIST % \_\_\_\_\_ ACCOUNT DATES \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ SUB-ACCT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DIST % \_\_\_\_\_ ACCOUNT DATES \_\_\_\_\_

TOTAL AMOUNT TO BE EARNED \$ \_\_\_\_\_

TOTAL # HOURS TO BE WORKED \_\_\_\_\_

INITIATOR NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**Approvals**

\_\_\_\_\_  
 AUTHORIZED SIGNATURE—HIRING DEPT. DATE

\_\_\_\_\_  
 DEAN/DIRECTOR AUTHORIZED SIGNER DATE

\_\_\_\_\_  
 SPONSORED PROJECTS DATE

**Forward signed original to Systems Control. A copy should be retained for your records.**