

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

**SUPPLEMENTAL COMPENSATION INFORMATION**

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

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

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

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

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 # \_\_\_\_\_

**APPROVALS**

\_\_\_\_\_  
DEPT. HEAD – SUPPLEMENTAL COMP DATE DEAN/DIRECTOR DATE

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

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