

Original  
Revision  
Continuation

UNIVERSITY OF ARIZONA  
**SUPPLEMENTAL COMPENSATION AUTHORIZATION**

Date \_\_\_\_\_

**CLASSIFIED STAFF**

Print on regular paper. Send one copy to Human Resources. Retain a copy for departmental records.

**PRIMARY POSITION INFORMATION**

EMPLOYEE NAME _____ (Last) (First) (MI)	EMPLOYEE ID NUMBER _____	FTE _____
PRIMARY TITLE _____	ANNUALIZED SALARY _____	ACADEMIC FISCAL
HOME DEPT. NAME _____ HOME DEPT. # _____	FLSA STATUS: EXEMPT	NON-EXEMPT

**SUPPLEMENTAL COMPENSATION INFORMATION**

HIRING DEPARTMENT NAME _____ DEPT. # _____ JOB TITLE _____ JOB DESCRIPTION _____ POSITION # _____ HOURLY RATE \$ _____ ACCOUNT # _____ AMOUNT \$ _____ ACCOUNT DATES _____ 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 # _____	PAY START DATE	PERIOD END DATE	# OF DAYS	HOURS

**APPROVALS**

DEPT. HEAD – SUPPLEMENTAL COMP _____ DATE _____	FUND ACCOUNTANT _____ DATE _____	FUND ACCOUNTANT _____ DATE _____
HOME DEPT. HEAD _____ DATE _____	HOME COLLEGE DEAN/DIRECTOR _____ DATE _____	HUMAN RESOURCES _____ DATE _____

Forward Signed Form to Human Resources