

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.