

PERSONNEL ACTION REQUEST – Supplemental Pay (Non-Exempt Staff)

| Employee Information and Type of Action | | | |
|--|------------|---|--------------|
| Employee Full Name | Last Name: | First Name: | Middle Name: |
| Request Type: <i>(Please indicate one.)</i> | | <input type="checkbox"/> New Request <input type="checkbox"/> Change Request <i>(You are still required to complete all sections of this form.)</i> | |

| Assignment Details | | | |
|--|--|---|---|
| Position Number: | | Position Title: | |
| Supervisor: | | Organizational Unit (Dept): | Employee ID: _____ |
| Payment Reason: | | SELECT PAYMENT REASON | |
| Assignment Start Date: | Assignment End Date: | Estimated Average Hours per Pay Period for Supplemental Assignment (0.00 if award or commission)*: | |
| When will work be performed? *Time sheets for all work must be submitted to Time Administrator unless award or commission. | <input type="checkbox"/> Outside normal working hours <i>(If work will be performed outside normal working hours, a separate assignment is required so that the work may be tracked separately from his/her main assignment hours.) *</i> | <input type="checkbox"/> During normal working hours <i>(If work will be performed during normal working hours, supplemental pay will be an extra hourly amount added to the employee's base hourly rate. Hours used to calculate pay for his/her main assignment will be the same hours used to calculate pay for this supplemental pay.) *</i> | <input type="checkbox"/> Not Applicable – Payment is for an award or commission as indicated above in Payment Reason section. |
| Compensation: <i>(For assistance with compensation, contact the Director of Compensation.)</i> | Additional Assignment Hourly Rate: \$ <i>(must comply with minimum wage laws)</i> | Amount Added to Base Hourly Rate: \$ | Flat Amount of Award or Commission: \$ |

| Supplemental Payment Funding Information | | | |
|--|-------|-------|----------------|
| Cost Center Number | Grant | Order | Percentage (%) |
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| Comments |
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| <i>(In addition to explanatory comments, indicate in this section if you are requesting specific pay dates outside of normal payroll cycle/schedule.)</i> |
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| Approvals | | |
|-----------------------|---------------|---------------------|
| PAR Initiator's Name: | Phone Number: | Date PAR Initiated: |

| Approver Title | Signature | Date |
|----------------------------------|-----------|------|
| Director/Chair/Grant PI | | |
| Dean | | |
| Vice President | | |
| Human Resources | | |
| Budget Office/Comptroller/Grants | | |