



## Supplemental Pay Approval Request Form (SARF) – Staff

Purpose of Form	Instructions
This form must be completed and approved prior to notifying employee of Supplemental Payment.	This form should be completed by the employee's supervisor and routed for the approvals below. Once HR has approved the form the initiator will be notified and a Supplemental Pay PAR must be submitted for the employee to receive payment

Payment Information		
Employee Name:	Position Title:	
Pay Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Payment Amount: \$Estimate - 10% of monthly salary	
Pay Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly	Assignment Start Date	Assignment End Date

**Assignment Description:** Please describe the types of duties that will be performed. Please attach a detailed job description and include any supporting documentation available.

**Please explain why Supplemental Pay is needed:**

Is the assignment of a special and/or infrequent nature making it unfeasible to hire a temporary? **Yes** **No**  
If Yes, Please Explain:

Is assignment to be performed outside of the regular work schedule? **Yes** **No** (If Yes, please attached Alternative Work Schedule)

Will employee use vacation time to complete assignment? **Yes** **No** (If yes, please indicate on employee's timesheet)

Approval Signatures	
Supervisor:	
Supplemental Pay Supervisor:	
Dean/Director:	
Vice President:	
Human Resources:	