SUPPLEMENTAL SALARY AND GRADUATE ASSISTANT REQUEST FORM

The Supplemental Salary Request Form may not be used to pay salaried employees for additional work. Please refer to USU Policy 376 “Extra-Service Compensation.” If you have questions regarding the policy, please e-mail HRBANNER@usu.edu

Name of Employee__________________________________________________________

Employee A# _________________________

Position # and suffix:________________________________________________________

Amount Requested (must be $300 or greater)______________________________

Reason for Request of Supplemental Salary:

_____ 1. Start date is after the 20th of the month.

_____ 2. Other. Please attach a memo explaining the reason for the request.

Name of Preparer:___________________________________________________________

Phone Extension and E-mail Address of Preparer: ____________________________

Name of Authorizer:________________________________________________________

Authorizer’s Signature_____________________________________________________

Department Head/Director Date

Send form to HRbanner@usu.edu with the subject line of “Supplemental Request”.

__________________________________________ Date

HR Approver

Please remember that submission of this form does not mean automatic approval. Departments will be notified if the request is denied.