**SUPPLEMENTAL HOURLY WAGES REQUEST FORM**

Name of Employee
__________________________________________________________

Employee A#:  Position Number:
__________________________________________________________

Total Number of Hours to be Paid
__________________________________________________________

Breakdown of Hours: Week 1  Week 2:  Week 3:

Reason for **Request of Supplemental Wages:**

  1. The Department did not have an EPAF set up.
  2. The employee’s time was not entered into PHATIME.
  3. The deadline for supervisor approval was not met.
  4. Other. Please attach a memo explaining the reason for the request.

Name of Preparer:__________________________________________________________

Phone Extension of Preparer:____________________________________________________

Name of Authorizer:__________________________________________________________

Authorizer’s Signature
__________________________________________________________

Department  Head/Director  Date

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

**HR Approver**

Date

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