



# Tarleton State University

# Supplemental Pay Form

**INSTRUCTIONS:**

This form is used to request payment for extra pay for a single activity or for dual employment. The completed form must include an approval signature.

**Adloc Number** \_\_\_\_\_**Adloc Name** \_\_\_\_\_

| PIN  | UIN               | Employee Name     | Gross Pay Due | Date From | Date Thru | Account Number | Support Acct | Acctg Analysis | Object Code |
|--|-------------------|-------------------|---------------|-----------|-----------|----------------|--------------|----------------|-------------|
|  |                   |                   |               |           |           |                |              |                |             |
|  | <b>Title Code</b> | <b>Title name</b> |               |           |           |                |              |                |             |
| Use the space below to provide a detailed explanation/justification of the payment requested.<br>Attach any additional documentation that supports this payment request. |                   |                   |               |           |           |                |              |                |             |
| <b>Explanation:</b>  |                   |                   |               |           |           |                |              |                |             |
|  |                   |                   |               |           |           |                |              |                |             |
|  |                   |                   |               |           |           |                |              |                |             |
|  |                   |                   |               |           |           |                |              |                |             |
|  |                   |                   |               |           |           |                |              |                |             |
|  |                   |                   |               |           |           |                |              |                |             |

I certify that I am acquainted with the employee listed on this Supplemental Form or that I have received necessary details from persons privy to and technically qualified to substantiate effort distribution, and that to the best of my knowledge and belief each employee is entitled to the payment shown on this form and that the distribution of pay between departments and projects is true, correct and properly represented by the percentage of effort indicated. I also ensure that appropriate leave has been taken by the employee in accordance with relevant University leave requirements while performing additional work. Any exceptions are indicated by explanatory note.

\_\_\_\_\_  
**Department Head** **Date**

\_\_\_\_\_  
**Dean** **Date**

\_\_\_\_\_  
**Fiscal Approval** **Date**

\_\_\_\_\_  
**Department Head-Employing Dept** **Date**  
 (required for single activity/dual employment)

\_\_\_\_\_  
**Vice President** **Date**

\_\_\_\_\_  
**Employee Services** **Date**