

**YOUNSTOWN STATE UNIVERSITY
REQUEST FOR SUPPLEMENTARY PAYMENT TO EMPLOYEE**

Supplemental Payment Tracking Number (to be completed by Human Resources) _____

INSTRUCTIONS: This form is utilized to request and process payment for supplementary service performed by University employees. Refer to University Guidebook, Section 7023.01 for policy, parameters, and procedures.

SECTION A (To Be Completed by the Signature Authority of the Department Originating Request for Supplementary Payment)

(Employee Name) (Employee's Current Department) Banner ID

Description of Duties To Be Performed: *(Attach Separate Sheet if Needed)*

| | | |
|---|--------------------------|--------------------------|
| Employee Type: | Full-Time | Part-Time |
| Classified Civil Service | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional/Administrative | <input type="checkbox"/> | <input type="checkbox"/> |
| Faculty | <input type="checkbox"/> | <input type="checkbox"/> |
| Requesting Department Recommended Compensation: \$ _____ <i>(Full-Time Faculty Only)</i> | | |

Date(s) and Times Duties Will Be Performed: _____

(Signature of Person Submitting Request) (Requesting Department) (Date) (Phone Extension)

SECTION B (Short-Term Staffing Assignment Review)

By Human Resources:
(For Classified Civil Service, Professional/Administrative Staff, and Part-time Faculty)

- Recommend
Compensation: \$ _____
(For Internally-Funded Positions Only)
- NOT** Recommended; Return to Requester.

(Signature of Human Resources Staff) (Date)

By Faculty Supplementary Pay Committee:
(For Full-Time Faculty Only)

- Recommended
- NOT** Recommended; Return to Requester.

(Signature of Committee Chair) (Date)

**SECTION C (Requesting Department Verification)
For Internal/Designated Funded Positions:**

Funding Available: Yes No
\$ _____
(FOAP)

(Signature Authority for Account Being Charged) (Date)

(Signature Approval of Division Executive Officer) (Date)

For Restricted Funded Positions:

Funding Available: Yes No
\$ _____
(FOAP)

(Signature Authority for Account Being Charged) (Date)

(General Accounting Funding Verification) (Date)

(Signature Approval of Division Executive Officer) (Date)
Return to Requesting Department

SECTION D (Employee Acceptance)

Accepted Yes No

(Employee Signature) (Date)

SECTION E (Processing Center Documentation)

Pay Periods **Pay Dates** **Pay Types**
Start - **End** _____

Bi-Weekly _____ - _____

Monthly _____ - _____

(Entered By) (Date)