

ORIGINAL REVISION
 CONTINUATION

UNIVERSITY OF ARIZONA
SUPPLEMENTAL COMPENSATION AUTHORIZATION
Appointed Personnel

Date _____

EMPLOYEE NAME _____
 (Last) (First) (M.I.)

EMPLOYEE ID NUMBER _____

FACULTY ADMINISTRATOR PROFESSIONAL

HOME DEPT. NAME _____ Dept. # _____

ANNUALIZED SALARY \$ _____

FTE _____ ACADEMIC FISCAL

PRIMARY TITLE _____

CITIZEN/PERMANENT RESIDENT _____ NON-RESIDENT _____ VISA STATUS _____ END DATE _____

S U P P L E M E N T A L C O M P. I N F O	HIRING DEPT. NAME _____ DEPT. # _____	PAY PERIOD DATES		# OF DAYS	MAX. HOURS	
	JOB DESCRIPTION _____	Start	End			
	SUPERVISOR'S POSITION # _____ TIME APPROVER'S POSITION # _____					
	POSITION # _____ HOURLY RATE \$ _____ START DATE _____ END DATE _____					
	ACCT # _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT DATES _____ <small>(If different from above)</small>					
	ACCT # _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT DATES _____ <small>(If different from above)</small>					
	ACCT # _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT DATES _____ <small>(If different from above)</small>					
	ACCT# _____ SUB-ACCT# _____ AMT \$ _____ DIST % _____ ACCT DATES _____ <small>(If different from above)</small>					
	INITIATOR NAME _____ TOTAL # OF HOURS TO BE WORKED _____					
	INITIATOR PHONE _____ TOTAL AMOUNT TO BE EARNED \$ _____					

A P P R O V A L S	_____	DATE _____	_____	DATE _____	_____	DATE _____
	AUTHORIZED SIGNER - HIRING DEPT.		FUND ACCOUNTANT		FUND ACCOUNTANT	
	_____	DATE _____	_____	DATE _____	_____	DATE _____
	AUTHORIZED SIGNER - HOME DEPT.	DATE _____	SPONSORED PROJECTS / PROVOST APPROVAL			DATE _____
	_____	DATE _____	SYSTEMS CONTROL			DATE _____
	HOME COLLEGE DEAN/DIRECTOR AUTHORIZED SIGNER	DATE _____				

FOR SYSTEMS CONTROL USE ONLY			
AUTHORIZED HOURS	AUTHORIZED EARNINGS	PREVIOUS SUPPLEMENTAL COMPENSATION PAYMENTS	TOTAL PAYMENT
_____	\$ _____	_____	\$ _____
		_____	\$ _____
ANNUALIZED SALARY	\$ _____	_____	\$ _____

FORWARD SIGNED COPIES TO SYSTEMS CONTROL