

UNIVERSITY OF ARIZONA  
**SUPPLEMENTAL COMPENSATION AUTHORIZATION**  
Graduate Assistants/Associates

Original

Revision

Continuation

Date \_\_\_\_\_

**PRIMARY POSITION INFORMATION**

EMPLOYEE NAME \_\_\_\_\_ Citizen/Permanent Resident  
(Last) (First) (MI)  
EMPLOYEE ID NUMBER (EID) \_\_\_\_\_ FTE \_\_\_\_\_ Non-Resident  
PRIMARY TITLE \_\_\_\_\_ Visa Status  
End Date  
HOME DEPT. NAME \_\_\_\_\_ HOME DEPT. # \_\_\_\_\_ ACADEMIC  FISCAL

**Position Information**

POSITION # \_\_\_\_\_ HOURLY RATE \$ \_\_\_\_\_  
HIRING DEPARTMENT NAME \_\_\_\_\_ DEPT. # \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_  
POSITION START DATE \_\_\_\_\_ POSITION END DATE \_\_\_\_\_  
SUPERVISOR'S POSITION # \_\_\_\_\_ TIME APPROVER'S POSITION# \_\_\_\_\_

**Position Distribution**

ACCOUNT # _____	SUB-ACCT # _____	AMOUNT \$ _____	DIST % _____	ACCOUNT DATES _____
ACCOUNT # _____	SUB-ACCT # _____	AMOUNT \$ _____	DIST % _____	ACCOUNT DATES _____
ACCOUNT # _____	SUB-ACCT # _____	AMOUNT \$ _____	DIST % _____	ACCOUNT DATES _____
ACCOUNT # _____	SUB-ACCT # _____	AMOUNT \$ _____	DIST % _____	ACCOUNT DATES _____

TOTAL AMOUNT TO BE EARNED \$ \_\_\_\_\_  
TOTAL # HOURS TO BE WORKED \_\_\_\_\_  
INITIATOR NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**Approvals**

\_\_\_\_\_  
AUTHORIZED SIGNER - HIRING DEPT. DATE

\_\_\_\_\_  
AUTHORIZED SIGNER - HIRING COLLEGE/DIVISION DATE

\_\_\_\_\_  
AUTHORIZED SIGNER - HOME DEPT. DATE

\_\_\_\_\_  
AUTHORIZED SIGNER - HOME COLLEGE/DIVISION DATE

**Forward signed original to Systems Control. A copy should be retained for your records.**