Original ☑
Revision ☐
Continuation ☐

UNIVERSITY OF ARIZONA

SUPPLEMENTAL COMPENSATION AUTHORIZATION

Date _____

CLASSIFIED STAFF

Print on regular paper. Send one copy to Human Resources. Retain a copy for departmental records.

PRIMARY POSITION INFORMATION

EMPLOYEE NAME _____ EMPLOYEE ID NUMBER _____ FTE _____
(Last) (First) (MI)

PRIMARY TITLE _____ ANNUALIZED SALARY _____ ACADEMIC ☐ FISCAL ☐

HOME DEPT. NAME _____ HOME DEPT. # _____ FLSA STATUS: EXEMPT ☐ NON-EXEMPT ☐

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

SUPPLEMENTAL COMPENSATION INFORMATION

HIRING DEPARTMENT NAME _____ DEPT. #_____

JOB TITLE _____

JOB DESCRIPTION _____

SUPERVISOR'S POSITION # TIME APPROVER'S POSITION #

POSITION # _____ HOURLY RATE $_____

ACCT #_____ SUB-ACCT#_____ AMT $_____ DIST %_____ ACCT DATES _____

ACCT #_____ SUB-ACCT#_____ AMT $_____ DIST %_____ ACCT DATES _____

ACCT#_____ SUB-ACCT#_____ AMT $_____ DIST %_____ ACCT DATES _____

ACCT #_____ SUB-ACCT#_____ AMT $_____ DIST %_____ ACCT DATES _____

EARNED $_____

TOTAL # HOURS TO BE WORKED _____

INITIATOR NAME _____ PHONE # _____

PAY START DATE	**PERIOD** END DATE	# OF DAYS	HOURS

APPROVALS

_____ AUTHORIZED SIGNER – HIRING DEPT. DATE

_____ FUND ACCOUNTANT DATE

_____ FUND ACCOUNTANT DATE

_____ AUTHORIZED SIGNER - HOME DEPT. DATE

_____ HOME COLLEGE DEAN/DIRECTOR DATE

_____ HUMAN RESOURCES DATE

Forward Signed Form to Human Resources