

SUPPLEMENTAL SALARY AND GRADUATE ASSISTANT REQUEST FORM

The Supplemental Salary Request Form may not be used to pay salaried employees for gzt'c'ugtxkæg'eqo r gpucvkqp0

Name of Employee _____

Employee A# & Position Number: _____

Amount Requested (must be \$300 or greater) _____

Reason for **Request of Supplemental Salary**:

- _____ 1. Start date is after the 20th of the month.
- _____ 2. Other. Please attach a memo explaining the reason for the request.

Name of Preparer: _____

Phone Extension and E-mail Address of Preparer:

Name of Authorizer: _____

Authorizer's Signature _____
Department Head/Director

Send form to Kelly Olsen @ UMC 2400 for Salary Requests.

Kelly Olsen

Please remember that submission of this form does not mean automatic approval. Departments will be notified if the request is denied.