

SUPPLEMENTAL HOURLY WAGES REQUEST FORM

Name of Employee _____

Employee A# : _____

Position Number: _____

Total Number of Hours to be Paid _____

Breakdown of Hours: Week 1 _____ Week 2: _____ Week 3: _____

Reason for **Request of Supplemental Wages**:

- _____ 1. The Department did not have an EPAF set up.
- _____ 2. The employee's time was not entered into PHATIME.
- _____ 3. The deadline for supervisor approval was not met.
- _____ 4. Other. Please attach a memo explaining the reason for the request.

Name of Preparer: _____

Phone Extension of Preparer: _____

Name of Authorizer: _____

Authorizer's Signature _____
Department Head/Director

Send form to Payroll @ UMC 2400 for Wage Requests.

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