

SUPPLEMENTAL HOURLY WAGES REQUEST FORM

Name of Employee _____

Employee A# & Position Number: _____

Number of Hours to be Paid _____

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

*The preparer and authorizer cannot be the same person.

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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.