

SUPPLEMENTAL SALARY AND GRADUATE ASSISTANT REQUEST FORM

The Supplemental Salary Request Form **may not** be used to pay salaried employees for additional work. Please refer to USU Policy 376 "Extra-Service Compensation." If you have questions regarding the policy, please e-mail HR@usu.edu

Name of Employee _____

Employee A# _____

Position # and suffix: _____

Amount Requested (\$300 or greater except LVS, CTP) _____

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.
- ____ 3. Terminated Employee (missed PHATIME)
LVS: hrs _____ CTP: hrs _____

Name of Preparer: _____

Phone Extension and E-mail Address of Preparer: _____

Name of Authorizer: _____

Authorizer's Signature _____

Department Head/Director

Date

Send form to HR@usu.edu with the subject line of "Supplemental Request".

HR Approver

Date

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