

College of Arts & Architecture and College of Education Supplemental Pay Request Form

Date: _____ Department Contact: _____

Employee Name: _____ PSU ID# _____ Salary Plan (12M, 36WK, etc.) _____

Job Title: _____

Home Department/School (**Only needed if employee is outside of dept./school**) _____

Description of Supplemental duties/Justification for Supplemental pay: (For COE, please attach list of courses taught and enrollments for Fall, Spring, and Summer of current academic year)

Supervisor's Signature (attach email or signature approval): _____

Dates work will be performed: (or beg/end date, if applic.) _____

If supplement is for teaching:

Class _____	Section _____	Credits _____	Enrollment _____
Class _____	Section _____	Credits _____	Enrollment _____
Class _____	Section _____	Credits _____	Enrollment _____

Total Supplemental Amount (Based on enrollment) \$ _____ Fringe \$ _____ (optional)

Amount per month: Jan _____	May _____	Sept _____
Feb _____	June _____	Oct _____
Mar _____	July _____	Nov _____
Apr _____	Aug _____	Dec _____

Department Head/Director _____ Date _____

Budget admin _____ Date _____

(Only Applicable in the College of Education, World Campus)

Budget Information:

Pay Budget _____ Fund _____ Cost Center _____

Section to be completed by Financial Officer:

Funding Source(s) confirmed by FO's signature: _____ Date _____

Pay through Clearing Account? Yes ___ No ___ Supp I _____ Supp II _____

Notes:

Approvals:

Human Resources _____ Date _____

Dean _____ Date _____

(Only Applicable in the College of Arts and Architecture)