College of Arts and Architecture
NOTIFICATION TO PROCESS SUPPLEMENTAL COMPENSATION
SUMMER SESSION (World Campus)

ALL DATA ITEMS MUST BE COMPLETED

Dept/Unit_____

1. Employee Name _____ PSU ID# _____

   Home Budget and Department Name _____

   Supervisor's Approval _____

   Salary Plan _____ (12 months, 36 weeks, etc)

   Supp – Description of Responsibilities: _____

2. Faculty:

Class_____Section_____Credits_____Enrollment_____

Class_____Section_____Credits_____Enrollment_____

Class_____Section_____Credits_____Enrollment_____

3. When was the work performed? _____

4. Supplemental Payment Amount (Total) _____

Amount per month:	Jan _____	July_____
	Feb_____	Aug_____
	Mar_____	Sept_____
	Apr_____	Oct_____
	May_____	Nov_____
	June_____	Dec_____

5. Attach Email or Other Correspondence, as appropriate

   Funding Source_____

   Account and Object Code_____

6. Request to Proceed with This Supplemental Payment:

   Dept/Unit Head _____ Date 7/1/2009

   Notes:

7. Funding Sources Confirmed:

   Financial Officer _____ Date 7/1/2009

   Paid thru Clearing Account? _____ Yes _____ No

   Notes:

8. Approval to Process Payment to This Employee:

   Dean _____ Date 7/1/2009

9. Form Received and Distributed by Human Resources:

   HR Manager _____ Date 7/1/2009

   Notes: