

College of Arts and Architecture
NOTIFICATION TO PROCESS SUPPLEMENTAL COMPENSATION
Note – Do NOT use for SUMMER SESSION

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 _____

Notes:

7. Funding Sources Confirmed:

Financial Officer _____ Date _____

Paid thru Clearing Account? _____ Yes _____ No

Notes:

8. Approval to Process Payment to This Employee:

Dean _____ Date _____

9. Form Received and Distributed by Human Resources:

HR Manager _____ Date _____

Notes: