

Weber State University
Staff Supplemental Pay - Supervisor Approval Form

Supplemental pay for services rendered in addition to an employee's primary assignment are not to impede the discharge of the employee's normal duties during regularly scheduled work hours. Supplemental pay for staff falls under WSU PPM 3-48 and requires approval by the primary supervisor. This form needs to be completed and retained by the employee and the employee's primary supervisor for each incident of supplemental pay. A completed copy should also be sent to the corresponding VP.

Use a separate form for each instance of extra compensation; whenever possible this form should be completed at least two weeks prior to the start of extra responsibilities.

Name: _____ W#: _____

Beginning Date: _____ Ending Date: _____

Description (e.g. details of additional duties, adjunct course information): _____

Expected schedule of obligations related to this extra compensation (e.g. times covering for another employee, class times for adjunct teaching):

Source of supplemental pay (department or index): _____

Estimated supplemental pay amount for project: _____

Total estimated supplemental pay for this fiscal year (see PPM 3-48 for limits): _____

Employee Signature: _____ Date: _____

————— Portion Below To Be Completed Only By Primary Supervisor —————

FLSA Exempt [] Non-Exempt [] (If non-exempt, HR MUST be consulted regarding PPM3-2a)

Approved [] Denied []

If Denied - Please add additional details:

Primary Supervisor Signature: _____ Date: _____