



SUPPLEMENTAL PAYMENT AGREEMENT

This form is to be used in conjunction with the Supplemental Payment Form for Faculty and Staff to pay faculty or staff for a single activity that results in one or more payments per Texas A&M University-Commerce Procedure 31.01.01.R0.03. Any employee may accept additional employment with another department, unit, or component of The Texas A&M University System, provided the employee obtains the **advanced approval** of the head of both the current department and the employing department. Ensure appropriate leave has been taken by the employee in accordance with relevant University leave requirements while performing additional work. Please complete the areas below and submit this form to Payroll.

TO BE COMPLETED PRIOR TO BEGINNING WORK

Date	Employee Name	UIN	PIN	Current Title

Employing Department (<i>extra work</i>)	Current Department

Beginning Work Date	Ending Work Date	Account Number	Gross Pay Due
		-	\$

Provide summary of work performed by employee:

I certify that I understand the work to be performed and the rate of pay I will receive upon completion of the activity. I understand that this work is to be performed outside of regular office hours or that I must take appropriate leave for the time spent on this activity.

- | | |
|---|---------------|
| _____
1. Employee | _____
Date |
| _____
2. Employee's Department Head | _____
Date |
| _____
3. Account Responsible Person (Employing Department) | _____
Date |
| _____
4. Principal Investigator (If Grant/4##### account) | _____
Date |
| _____
5. Project Administrator (If Grant/Sponsored Programs) | _____
Date |
| _____
6. Vice Provost of Research (if Grant/4##### account) | _____
Date |
| _____
7. Vice President or Assoc. Provost (if exceeding \$5,000) | _____
Date |