



## SUPPLEMENTAL PAYMENT FORM for Faculty and Staff

This form is to be used to pay faculty or staff supplemental pay (extra pay) for a single activity that results in one or more payments. Where possible, payment for ongoing services should be processed on an EPA in Canopy. **If payment is from external funding sources (grants) or is being paid to full-time faculty or staff, a Supplemental Payment Agreement must be signed in advance** and a copy must be attached to this form.

Date	Employee Name	UIN	PIN	Current Title

Department	Supervisor

Beginning Date	Ending Date	Account Number	Number of Hours	Rate of Pay	Gross Pay Due
		-			\$

Provide detail summary of work performed by employee:

I certify that I have completed the work listed above. I have performed this work outside of regular business hours or have taken the appropriate leave from my full-time position.

- |   |  |
|---|--|
| <p>1. Employee _____ Date _____</p> <p>2. Employee's Department Head _____ Date _____</p> | <p>3. Account Responsible Person (Employing Dept. or PI) _____ Date _____</p> <p>4. Project Administration (if paid from grant account) _____ Date _____</p> <p>5. Vice Provost of Research(if paid from grant account) _____ Date _____</p> |
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For Payroll Use Only

Object Code	Title Code	Acct Analysis	Pay Cd	Additional Notes: