



## SUPPLEMENTAL PAYMENT FORM for Students and Other Hourly Employees

**THIS FORM IS NOT TO BE USED FOR FULL-TIME FACULTY OR STAFF.** This form is to be used to pay students or other temporary workers 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.

Date(s) of Activity	Description of Activity

Account Number	Department	Contact Person	Phone Number

UIN	Name	Hours Worked	Rate of Pay (if applicable)	Total Payment	Object Code	Title Code

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grant Coordinator (if paid from grant account)

\_\_\_\_\_  
Date