

**UNT HSC at Fort Worth
STAFF SUPPLEMENTAL COMPENSATION REQUEST FORM**

In accordance with [UNT System Enterprise Staff Compensation Guidelines](#), authorization and approval for temporary assignment compensation must be gained prior to the start date of the assignment. *Once approvals are obtained, please attach this form to an ePAR and submit for processing. For specifics, please reference [System Regulation, 3.2000 - Supplemental Compensation](#).*

Employee current position/department information:

EMPL ID	Employee Name (Last, First)	Position #	Job Classification Title	Job Code	Annual Salary	FLSA Status – (Exempt or Non-Exempt)	Dept ID / Project ID

Task Augmentation Date form completed: _____ Prepared by name and phone number: _____

Paying department information:

Campus/Institution Name: _____ Dept Name: _____ Funding Chart String: _____

Information related to the specific task or augmentation:

Start & end dates: _____ Estimated duration of assignment (total hours of work and frequency): _____
Reason the task or augmentation is needed. Describe the duties being performed for the additional task or augmentation and how they differ from the employee's regular job.

For Task Payment: Task hourly pay rate (if applicable): _____ Total amount to pay: _____

For Augmentations, choose one option: % of monthly salary adjustment requested: _____ **OR** Fixed dollar monthly salary adjustment requested: _____

***Note: Augmentations shall not exceed 20% of the employee's regular base annual salary without the approval of the president.*

**APPROVALS
Sign and Date Below**

Requesting Supervisor	Department Head	Cabinet Member
President (required for task payments not pre-approved and augmentations exceeding 20%)	HR Compensation	Chief Human Resources Officer (or designee)