

UNT Dallas

SUPPLEMENTAL COMPENSATION REQUEST FORM

In accordance with the System Regulation, 3.2000 - Supplemental Compensation, 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. Note: non-exempt employees are ineligible for task payments.

Employee current position/department information:

Table with 8 columns: 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.

Large empty rectangular box for providing details on the task or augmentation.

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:

APPROVALS Sign and Date Below

Supervisor Department Head Vice President Budget HRBP CHRO or President's Designee