

**University of North Texas**  
**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 below are obtained, please attach this form to an ePAR and submit for processing. For specifics, please reference [System Regulation, 3.2000 - Supplemental Compensation](#) and [UNT Policy 05.040 - 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: \_\_\_\_\_

**APPROVALS**  
**Sign and Date Below**

\_\_\_\_\_  
Requesting Supervisor

\_\_\_\_\_  
EVP/AVP/Dean

\_\_\_\_\_  
VP

\_\_\_\_\_  
CFO (required for augmentations exceeding 20%)

\_\_\_\_\_  
President (required for **task** payments not pre-approved)

\_\_\_\_\_  
Human Resources (final approver)