

**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 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)