

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)