



Requesting Department: _____

Employee Name: _____ Banner ID #: _____

Work Schedule: Hours Per Week: _____

Hourly Rate: _____

Classification Title: _____ Position #: _____

Appointment Begin Date: _____ Appointment End Date: _____

Detailed Duties to be performed for supplemental pay and expected outcome and payment schedule include: Course/Title/Credit Hours.

[Empty box for detailed duties]

Current duties include - Course/Title/Credit Hours.

[Empty box for current duties]

Budget: Requested Payment Account Numbers-Use funds from the following source(s). If funding source is Foundation, please add Project Number in addition to Banner Index.

Banner Index Number:	<input type="text"/>	Account Number:	<input type="text"/>	Position #:	<input type="text"/>	Amount:	<input type="text"/>	Percent:	<input type="text"/>
Banner Index Number:	<input type="text"/>	Account Number:	<input type="text"/>	Position #:	<input type="text"/>	Amount:	<input type="text"/>	Percent:	<input type="text"/>
						Total:	<input type="text"/>	Total %:	<input type="text"/>

SIGNATURES:

1. Originator:

2. Requesting Dean/Dept. Head/VC:

3. Primary Supervisor:

MUST BE COMPLETED BY THE EMPLOYEE:

I agree to perform the duties specified above at the amount of pay as specified.

4. Employee Signature: Date:

5. Budget 6. Budget - Other

7. CAO/COO: 8. Human Resources

*Completed form must be returned to HR no later than the 10th of each month to implement payroll action by the end of the same month.
 * Once form is signed by the Originator it will automatically lock and no further modifications will be allowed.