



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

REQUEST FOR SUPPLEMENTAL PAY

Supplemental payments for worked performed by an existing PVAMU employee for another department or program other than the employing department. The work is clearly outside the employee's normal duties and performed outside the employee's normal work day. The employee's current department head, dean/director, and vice president must approve this request.

Employee Name: _____ **UIN#** _____
Title: _____ **Funding Source (FAMIS Acct#)** _____
Duration of Task/Activity: _____
Supplemental Pay Amount One time Monthly \$ _____

Justification for Request:

Employee Certification:

I hereby certify that the above referenced duties are in addition to my normal duties and will be performed outside of my normal work hours. I further certify that the additional duties will in no way interfere with the performance of my regular duties.

Employee Date

Department Head Certification:

I hereby certify that the additional duties to be performed by the above referenced employee are outside his/her normal duties and will be performed outside of his/her normal work hours.

Employee's Dept. Head Date

Approvals

Employee's Dean/Director Date

Requesting Dept's Dean/Director Date

Employee's Vice President Date

Requesting Dept's Vice President Date

Dir. of Human Resources Date

President Date

Please attached this completed form to the Payroll Adjustment Form <http://www.pvamu.edu/pages/1945.asp>

Questions: payroll@pvamu.edu or 936-261-1904
Location 114 WR Banks