

PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System OFFICE FOR ACADEMIC AFFAIRS

REQUEST FOR SUPPLEMENTAL PAY

Supplemental pay is for work performed by an existing PVAMU employee for a department or program other than the employee's assigned department. The work should clearly be outside of the employee's normal work duties and performed outside of the employee's normal work hours. The employee's current Department Head, Dean/Director, and/or Vice-President must approve this request.

Employee Name: UIN#: Title: Effective D			Please indicate the designated work time:	
		te: Start Time:		
Supplemental Pay Amount:	Ending Date	e:	End Time:	
Please Check One: Facul	ty Number of Mont	hs:	Online Course?	Yes No
Staff				
Is the work being performed outside of normal work duties and hours? Yes				No
Funding Source (FAMIS 11-Digition Justification for Request: (Faculty/				
DEPARTMENT HEAD CERTIFICATIO	N:			
hereby certify that the additional duties and will be performed outsid			employee are outside of h	iis/her normal work
mployee's Dept. Head Date		Requesting Dept. Head		Date
APPROVALS:				
Employee's Dean/Director	Date	Requesting De	pt.'s Dean/Director	Date
Employee's Vice President (if applicable)	Date	Provost & Seni	or V.P. for Academic Affa	irs Date
EMPLOYEE CERTIFICATION:				
I hereby certify that the above reference normal work hours. I further certwork duties.				
PLEASE NOTE: All Academic Units must initiate the process in Workday immediately upon receiving all		Employee		Date
approvals including Employee C			Revised 1/2018	