

Date: \_\_\_\_\_  
 Prepared by \_\_\_\_\_  
 Ext: \_\_\_\_\_

**Endowed Professor/Chair Additional Pay Request Form - VPAA-11C (Est. 8/17)**

*This document MUST be completed for the additional pay portion of the endowed position's pay and it should be attached to the payroll authorization that is processed to make the actual payment(s). Please use additional pay earnings code of Endowment when submitting the payroll authorization request.*

**To be completed by paying department:**

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_ Base Salary: \_\_\_\_\_  9 mo.  12 mo.

Rank/Title: \_\_\_\_\_ Department: \_\_\_\_\_

What are the total supplemental compensation (gross) payments received fiscal year-to-date (9/01 – 8/31): \_\_\_\_\_

List the Endowment that will be supporting this position (Please attach MOU):

\_\_\_\_\_

How was the additional pay amount determined:

Payment Start Date: \_\_\_\_\_ Payment End Date: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

Total Amount to be Paid to Employee: \_\_\_\_\_ Funding Source for Payment: \_\_\_\_\_

**APPROVALS:** All approvals acknowledge compliance with the criteria in the UNT System Supplemental Pay Regulation and Faculty Pay Guidelines.

<i>Approved</i>	<i>Not Approved</i>	<i>Signatures</i>
<input type="checkbox"/>	<input type="checkbox"/>	Deptid / Projid Holder: _____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Chair: _____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dean: _____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Provost: _____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	President: _____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	HR: _____ Date: _____