

Request to UPDATE Approved Supplemental Compensation

Please complete this form to update any previously approved supplemental compensation request.
Please provide update details related to the supplemental compensation. The task/supplemental work should remain unchanged. If the task/supplemental work has changed please complete a new supplemental compensation pre-authorization form.

Prepared by:

Date:

Return approved form to (email address):

Payee and Assignment Details:

Last name:

First name:

Empl ID:

Rank:

College:

Dept:

Form ID from Approved Supplemental Compensation Form (*on second page of form*):

Updated total amount to pay to employee:

Updated start date:

Updated end date:

Updated total expected hours to be worked:

Please provide any additional details related to the updated request:

Faculty Signature:

Approvals: *All signatures acknowledge approval and compliance with UNT System supplemental pay regulations and faculty pay guidelines.*

Deptid/Projid holder approval:

AFO/Budget Officer approval:

Dept. Chair approval:

Academic Resources Review and Approvals:

Reviewed for Academic Resources by:

Reason for President's signature required (*per policy 05.040*):

Duration

Late

Notes:

Administration Signatures (*Academic Resources will route*)

Provost:

President:

Academic Resources: