

## Supplemental Compensation Pre-Authorization Form

Completion and full approval of this form is required prior to work beginning per policy 05.0540 Supplemental Compensation.

Prepared by:

Date:

Return approved form to (email address):

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### Payee and Assignment Details:

Last name:

First name:

Empl ID:

Rank:

College:

Dept:

Task      Administrative Supplement      Augmentation

*\*See Faculty Compensation Guide to determine appropriate type*

Funding source (chart string):

Total amount to pay to employee:

Start date:

End date:

Total expected hours to be worked:

Total supplemental compensation payments to date for fiscal year:

Has the faculty member received a course release for work related to this task/augmentation:    No    Yes

**Briefly** explain how the task/augmentation requires additional time/effort outside the scope of normal duties. For augmentations, identify how the assignment requires a higher level and/or is outside the scope of the current classification. **If more space is required, attach additional documentation.**

How this task/augmentation benefits UNT:

How rate of pay was determined and is it equitable to similar effort in the college:

Will UNT receive financial benefits from this assignment?    No    Yes, approx. amt:

Who will verify completion of the assignment?

**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:**

**Dean/Executive Dean approval:**

**VP (if applicable) approval:**

*Once the above signatures have been obtained route form to: [Academic.Resources@unt.edu](mailto:Academic.Resources@unt.edu). Academic Resources will review for compliance and obtain required administrative signatures. We will assign a Form id number. Upon approval, the fully signed form will be returned to the email address listed on form. Please allow at least 5-10 business days for full approval and return of form.*

**Academic Resources Review and Approvals:**

**Form id:**

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:

Research (If applicable):