

### Endowed Professor/Chair Additional Pay Request Form - VPAA-11C

This form 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), with the MOU. Please use additional pay earnings code of Endowment when submitting the payroll authorization request.

Prepared by: \_\_\_\_\_ Contact ext. \_\_\_\_\_ Date prepared: \_\_\_\_\_

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: Signatures below indicate approval. All approvals acknowledge compliance with the criteria in the UNT System Supplemental Pay Regulation and Faculty Pay Guidelines. Upon signing, please route via email to the next signer.

Deptid / Projid Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Resources: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the signed VPAA11c form to [Academic.Resources@unt.edu](mailto:Academic.Resources@unt.edu) for our signature. We will return it to the department via email. The fully approved 11c and MOU should be attached to the ePAR when submitted.**