



Staff Supplemental Pay Request Form

Request Date: _____

Name of employee receiving supplemental pay: _____ Seattle U ID: _____

Department: _____ Responsible Manager: _____

Total Amount of Supplemental Pay: _____ Budget Number: _ _ _ _ _ -5102070

One-time amount: _____ OR Semi-monthly payments of: _____

Pay Start Date: _____ Pay End Date: _____

Please explain the services for which the employee will be receiving supplemental pay:

Temporary work limitations: Because these additional duties are temporary, supplemental pay does not carry any University benefits, including retirement contributions.

Please note that it is the responsibility of the supervisor to communicate the terms of the supplemental pay to the employee receiving the supplemental pay, including the temporary work limitations listed above.

This supplemental pay is for a fixed sum and does not entitle the appointee to any University employee benefits. Salary is paid based on the number of service days and work completed. In the event employment ceases during the supplemental pay term, an appointee's entitlement to salary shall be based on the number of service days and work completed as a percentage of the salary for the entire agreement.

This Request is to be filled out prior to the work being done. This Request for Supplemental Pay may be cancelled at any time and for any reason by the University or the staff member. If additional services are performed which are not included in this agreement, no compensation will be paid for such services without a written agreement. This request for supplemental Pay will not be effective unless signed by Department head, Division Executive, or Senior Executive, nor may it be modified without the written consent of all signing parties. This document supersedes all verbal agreements. A copy of the executed Request for Supplemental Pay will be sent to the Dept. head from Human Resources.

APPROVALS:

Dept. Head/Supervisor Date

Budget Manager Date

Division Executive/Dean Date

Senior Executive (Provost/CFO) Date

Required For Staff Salaries with Grant Funding

Office of Sponsored Projects Date

Once all approvals have been obtained, please send completed form to HRForms@seattleu.edu.