

**SPELMAN COLLEGE
STAFF SUPPLEMENTAL PAY REQUEST FORM**

CRITERIA FOR SUPPLEMENTAL PAY			
1. Supplemental pay is for an assignment that is outside the employee's normal job duties and performed outside the normal work hours. (Ex. proctoring an exam, teaching a class, playing drums for an event).			
2. Supplemental pay forms must be submitted to the Office of Human Resources no less than 10 working days prior to the date the assignment is scheduled to begin. This will allow time to verify budgeted funds, ensure the pay is in line with the duties, and/or discuss any issues or concerns.			
3. The following approvals are required before work begins. <div style="margin-left: 20px;"> Employee performing the work Regular/Primary position supervisor Supervisor requesting the work Budget and Contracts Office of Human Resources </div>			
4. Employees must not begin the assignment until they receive a copy of the approved form with the exact pay and approvals from the Office of Human Resources.			
CURRENT POSITION			
Name: (Last, First, Middle)		SCID:	Date:
Job Title:	Department:	Supervisor:	
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Regular Work Days:	Regular Work Hours:	
Regular Supervisor Signature:		Date:	
SUPPLEMENTAL POSITION			
Job Title:	Date work to begin:	Date work to end:	
Days work will be performed:		Hours work will be performed:	
Preparation time (if applicable) # of hours:		Estimated total # of hours worked:	
Describe in detail the work to be performed:			
Proposed rate of pay per hour (if applicable):		Proposed total pay:	
* Please note: If a non-exempt (hourly) employee's combined regular and supplemental job hours total more than 40 hours per pay week, the employee must be paid overtime at time and-a-half.			
Budget Code:	Department Name/Grant Name:		
SIGNATURE			
<i>I acknowledge the rate of pay requested is subjected to change during the review process.</i>			
Employee Signature :			Date:
Supervisor of Supplemental Work:	Print Name :	Date:	
Dept/Director/Chair of Supplemental Work:	Print Name :	Date:	
VP/Provost/President of Supplemental Work:	Print Name :	Date:	
BUDGET AND CONTRACTS/HUMAN RESOURCES USE ONLY			
Budget & Contracts Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No		Office of Human Resources Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Budget & Contracts Signature:		Office of Human Resources Signature:	
APPROVALS			
Your request for supplemental pay has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied If denied, reason:			
Timesheet(s) must be submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Entered in Banner:		Copy to Payroll:	