

SAMFORD UNIVERSITY

Human Resources Department

Supplemental or Part-time Pay Request Form For Monthly Paid Employees Only

NOTE: Use this form to compensate for non-teaching activities for **EXEMPT EMPLOYEES** only.

NAME _____ **SU ID** _____

STAFF: FULL TIME ____ **PART TIME** ____

FACULTY: FULL TIME 9 MONTH ____ **FULL TIME 12 MONTH** ____ **PART TIME** ____

REASON FOR PAYMENT

BANNER FOAPAL:

Index: _____ Fund: _____ Org: _____ Acct: _____ Prog: _____

AMOUNT TO BE PAID AS FOLLOWS:

\$ _____ in _____; \$ _____ in _____

\$ _____ in _____; \$ _____ in _____

\$ _____ in _____; \$ _____ in _____

\$ _____ in _____; \$ _____ in _____

\$ _____ in _____; \$ _____ in _____

\$ _____ in _____; \$ _____ in _____

APPROVAL: (Please route in the following order)

Dept Head: _____

Date: _____

Dean if Applicable: _____

Date: _____

VP/Provost/Asst. Provost: _____

Date: _____

Decision Support: _____

Date: _____

Human Resources: _____

Date: _____