

Supplemental Payment Request Form

Type of Employee SAP Cost Center

Last Name First Name Employee SAP #

Employee Address

Maximum Hours Hourly Rate \$ Payment Amount \$

Estimated Benefits Contract Not to Exceed (include Est. Benefits) Type of Contract Requested

Description of Work Performed *

Location of Work Performed * Dates and Times *

*Include additional information on following page if necessary.

IUP EMPLOYEES: Please check all sources of income from IUP that you expect to receive during the current academic year (in addition to your regular salary). Total income from IUP cannot exceed the limits of the [PASSHE Compensation Policy](#).

- Summer Contract Overload Pay Article 27 Article 40 Article 41 Article 42 Independent Study
- Thesis/Dissertation Chair Additional Supplemental Payment Requests Individualized Instruction Distance Education Development
- Work does not conflict with other university obligations

Currently a contributing member of Currently a retiree of

Approval: Signatures must be secured in the order listed

FIRST: Supervisor/Program Director _____ Date _____

SECOND: Grant Accounting _____ Date _____

THIRD: Dean or Vice President _____ Date _____

PAYROLL USE ONLY

Date Paid

Gross

Date Input

Payroll # Initial

Supervisor/Program Director: Sign and send to Payroll Office when work is completed

Supervisor/Program Director _____ Date _____

Please type or
paste additional
information
here.