

# 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.