Submit by Email | Print Form

Rensselaer

employer of choice

Primary Position # _____
Secondary Position #: _____
Log #: _____

Exempt Staff Supplemental Pay Authorization

Name_____ RIN#_____

Title_____ Primary Department/Org._____

Department/Organization for which work is being performed (Secondary):_____

Terms of assignment (Including Title, if any):_____

_____

_____

Dates and times work will be performed (must be outside regular work schedule):_____

_____

Supplemental Work Schedule (Days of Week and Times)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Amount to be paid (include calculations used to determine amount of payment):_____

_____

Position and Labor Distribution Information for Supplemental Pay

Fund	Organization	Account	Program	Activity	Authorized $	Hours

All signatures on this document are affirming that the supplemental work will not negatively affect the employee's regular job, responsibilities, schedule, or quality of work and will be performed in addition to the employee's 100% effort at his or her regular job.

_____ _____
Employee Requesting Payment Date

_____ _____
Primary Dept. Immediate Supervisor Date

_____ _____
Primary Dept./Next Level of Supervision Date

_____ _____
Primary Portfolio Owner Date

_____ _____
Secondary Dept. Immediate Supervisor Date

_____ _____
Secondary Dept. Head/Director Date

_____ _____
Secondary Portfolio Business Manager Date

_____ _____
Secondary Portfolio Owner Date

NOTE: This form must be submitted to Human Resources, with all required signatures, for review and approval. The assignment cannot commence until the request has been approved by Human Resources. Once approved, the approved form will be forwarded to Payroll and a copy will be forwarded to the Secondary Department. The Secondary Department is responsible for ensuring that the work takes place as planned, and should contact HR immediately if any of the above information changes to prevent overpayment.

Human Resource/Payroll Information

	SM	SUPP	O	0.0	E
Position# (Supplemental Job)	Pay Type	Job Change Reason Code	Primary/Overload	Job FTE	Exempt/ Non-Exempt

Payment shall be paid as: ☐ Lump Sum ☐ Over Contract Period (Teaching Only)

HUMAN RESOURCES_____ DATE_____