



Rensselaer

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 _____

Secondary Dept. Immediate Supervisor _____ Date _____

Primary Dept. Immediate Supervisor _____ Date _____

Secondary Dept. Head/Director _____ Date _____

Primary Dept./Next Level of Supervision _____ Date _____

Secondary Portfolio Business Manager _____ Date _____

Primary Portfolio Owner _____ 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 _____