Completing the Additional Payment Request Form

Select Type of Request

Type of Request *

○ X-Pay

○ X-Ben

Provide the Employee ID number of person receiving additional payment

Employee ID Number of person receiving additional payment *

Is the employee a Graduate Assistant?
If so, has the Dean of the School of Interdisciplinary & Graduate Studies Approved request? Please attach the approval.

Is the Employee a Graduate Assistant? *

○ Yes

○ No

What Position Control Number (PCN) will be used for the additional payment?

Position Control Number that will be used for the additional payment *

Please provide details about the additional duties the employee will be performing. Please include a description of the work being performed, a statement confirming the duties are outside the normal scope of work, the number of hours or days to be worked, etc.

Please provide details about the additional duties the employee will be performing *
Provide the beginning and ending dates for the additional payment.

Beginning date of additional payment *

Ending date of additional payment *

Enter periodic or monthly amount of the additional payment (per pay period).

Enter periodic or monthly amount of the additional payment *

Enter the total amount of additional payment that should be paid to the employee by the end of the assignment.

Enter goal (total) amount of the additional payment by the end of the assignment *

Please enter the name of person making this request

Name of person making this request *

Please enter the e-mail address of the person making this request

E-Mail of person making this request *