



2024 CY

## Supplemental Pay Request For Consultants

**Instructions:** The purpose of this form is to report hours worked that are *in addition to* your regular assignment. This includes hourly pay, supplemental pay, and miscellaneous temporary assignments. Report time in hours. Forms are due to payroll on the Monday following payday to be paid on the next payroll. Budget code must be listed on form in order to be paid.

Employee Name (Last, First, MI)	Employee ID	Job Location

Pay Period From: \_\_\_\_\_ to \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**Payment Information** – Provide justification and documentation. *Attach invoice from consultant to this form.*

**Hourly Rate\***: \_\_\_\_\_     
  **Stipend Amt** (*consultants only*)\*: \_\_\_\_\_

Description of Work/Assignment: \_\_\_\_\_

Justification of pay rate / amount: \_\_\_\_\_

**Hours worked** – Indicate hours worked each day of pay period if paying an hourly rate.

Dates:	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	TOTAL
<b>Hours Worked</b>															

**NOTE:** A valid budget code (xx-xxx-xxx-xxx-61xx-xxxx) is required for these hours to be paid. Payroll will not process this form without a budget code listed below.

**Budget Code:** \_\_\_\_\_ @ \_\_\_\_\_ % and \_\_\_\_\_ @ \_\_\_\_\_ %

Contact Name (*printed*): \_\_\_\_\_ Phone # \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Budget Administrator Name (*printed*): \_\_\_\_\_ Program: \_\_\_\_\_

Budget Administrator Signature: \_\_\_\_\_