

**Weber State University**  
**Staff Supplemental Pay - Supervisor Approval Form**

Supplemental pay for services rendered in addition to an employee's primary assignment are not to impede the discharge of the employee's normal duties during regularly scheduled work hours. Supplemental pay for staff falls under WSU PPM 3-48 and requires approval by the primary supervisor. This form needs to be completed and retained by the employee and the employee's primary supervisor for each incident of supplemental pay. A completed copy should also be sent to the corresponding VP.

Use a separate form for each instance of extra compensation; whenever possible this form should be completed at least two weeks prior to the start of extra responsibilities.

Name: \_\_\_\_\_ W#: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Description (e.g. details of additional duties, adjunct course information): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected schedule of obligations related to this extra compensation (e.g. times covering for another employee, class times for adjunct teaching):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's plan for schedule accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of supplemental pay (department or index): \_\_\_\_\_

Estimated supplemental pay amount for project: \_\_\_\_\_

Total estimated supplemental pay for this fiscal year (see PPM 3-48 for limits): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

————— Portion Below To Be Completed Only By Primary Supervisor —————

FLSA Exempt  Non-Exempt  (If non-exempt, HR MUST be consulted regarding PPM3-2a)

Approved  Denied

If Denied - Please add additional details:

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Primary Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_