

# VALDOSTA STATE UNIVERSITY

Supplemental Pay Form **MUST** be filled out completely to ensure timely processing

**Human Resources**  
 University Center (Entrance 5)  
 Phone: 229-333-5709

Employee Name:				OneUSG ID: (not 870 or SSN)		
Classification: Faculty <input type="checkbox"/>	Limited Term <input type="checkbox"/>	Part-Time <input type="checkbox"/>	10-Month <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>	Email:	
(Check all the apply) Staff <input type="checkbox"/>	Temp <input type="checkbox"/>	Full-Time <input type="checkbox"/>	12-Month <input type="checkbox"/>	Monthly <input type="checkbox"/>		
Student <input type="checkbox"/>						
Home Department:		Proposed Effective Date:		End Date:		
Requestor Name:				Requestor Email:		
Requesting Department:				Phone:		
Grant Funded: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Hours for Event:		Supplemental Pay: \$		
Dept. ID:	Fund:	Program:	Class:	Project:	Percent:	
<input type="checkbox"/> Teaching <input type="checkbox"/> One Time Event <input type="checkbox"/> Award <input type="checkbox"/> Temporary Faculty Overload <input type="checkbox"/> Interim Duties <input type="checkbox"/> Academic Faculty Administrative Assignment <input type="checkbox"/> Other:						
Description of Work to be Completed:						

**Biweekly Staff ONLY: Complete boxes below**

A) Total Hours Term/Event If teaching, this is calculated as standard ACA Hours Per week x Number of Weeks		D) Overtime Pay Calculation (A) Total Hours x (C) Overtime Rate	\$
B) Regular Hourly Rate	\$	E) Supplemental Pay Amount	\$
C) Overtime Hourly Rate (B) Regular Hourly Rate x 1.5	\$	F) Amount Owed (if paid out) (D) Overtime Pay Calculation - (E) Supplemental Pay Amount	\$
<b>Comp Time Hours Accrued</b> (F) Amount Owed ÷ (C) Overtime HourlyRate			

By signing below, the employee and supervisor certify that they understand that compensatory time, as indicated in the box above, will be accumulated for the work performed in addition to the employee's primary job at VSU. Compensatory time must be used first, before using any other leave. Any remaining comp time outstanding at the end of the fiscal year in which it was accrued must be paid out by the employee's HOME department. The number of hours above reflect the work time required for the services to be performed outside a normal work day or while on annual leave. If this class/event is canceled, it is the employee's responsibility to inform Payroll and Human Resources.

**REQUIRED SIGNATURES:**

_____ Employee Signature	_____ Date	_____ Provost Signature	_____ Date
_____ Employee's Home Dept. Supv. Signature	_____ Date	_____ Requesting Dept. Dean/Director Signature	_____ Date
_____ Employee's Home Dept. VP Signature	_____ Date	_____ Requesting Dept. VP Signature	_____ Date
_____ Verification work has been completed (optional)	_____ Date	_____ Human Resources Signature	_____ Date

**FOR HR/BUDGET USE ONLY:**

Payment Method: <input type="checkbox"/> MCOP <input type="checkbox"/> Additional Job	Comp Rate Code:	ABBR: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Additional Pay Page <input type="checkbox"/> Primary Job Update		
Earnings Code:	Position #:	
Action/Reason:	Fringe Exclusion:	
Effective Date:	Combo Code:	
Job Code:	Budget Retro: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		