

# Supplemental Payment Request Form (Revised 7/2016)

**MUST BE FULLY APPROVED BEFORE WORK COMMENCES**  
**RESPONSES MUST BE TYPED**

## Section I

Type of Employee  SAP Cost Center

Last Name  First Name  Employee SAP #

Employee Address

Maximum Hours  Hourly Rate \$  Payment Amount \$

Estimated Benefits  Contract Not to Exceed (include Est. Benefits)  Type of Contract Requested

Description of Work Performed \*

Location of Work Performed \*  Dates and Times \*

\*Include additional information on following page if necessary.

Supervisor/Program Director Name, Email and Address

## Section II

**IUP EMPLOYEES: Please check all sources of income from IUP that you expect to receive during the current academic year (in addition to your regular salary). Total income from IUP cannot exceed the limits of the [PASSHE Compensation Policy](#).**

- Summer Contract    Overload Pay    Article 27    Article 40    Article 41    Article 42    Independent Study
- Thesis/Dissertation Chair    Additional Supplemental Payment Requests    Individualized Instruction    Distance Education Development
- Work does not conflict with other university obligations

Currently a contributing member of  Currently a retiree of

## Section III

**Approval: Signatures must be secured in the order listed**

FIRST: Supervisor/Program Director \_\_\_\_\_ Date \_\_\_\_\_

SECOND: Grant Accounting \_\_\_\_\_ Date \_\_\_\_\_

THIRD: Dean or Vice President \_\_\_\_\_ Date \_\_\_\_\_

Fourth: Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Non- Exempt

Exempt

## Section IV

**TERMS AND CONDITIONS:** Payment equaling the gross amount earned less applicable deductions will be processed through the University payroll system. The work may be cancelled for any reason including insufficient student enrollment at the discretion of the Program Director prior to the first regularly scheduled meeting. If the program is cancelled, the terms and conditions of this agreement are null and void; no payment will be made by IUP. If you are unable to fulfill your commitment as outlined, you are required to notify the Program Director, in writing, at least ten business days in advance of the scheduled starting date of work. You will not be paid for any scheduled activity for which you are absent. Changes to the condition and terms set forth in this contract can only be made through a written amendment of this contract with the mutual consent and approval of both parties. If the terms of this agreement are acceptable, please sign below and return this contract to the supervisor/program director within **ten (10) business days**.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's E-mail (Required)

**Supervisor/Program Director: Sign and send to Payroll Office when work is completed**

Supervisor/Program Director \_\_\_\_\_ Date \_\_\_\_\_

### PAYROLL USE ONLY

Date Paid

Gross

Date Input

Payroll #  Initial

Please type or  
paste additional  
information  
here.