

Supplemental Payment Request Form (Revised 4/2018)

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	_____	Wage Type <input type="text"/>
THIRD: Dean or Vice President	_____	Date	_____	
Fourth: Human Resources	_____	Date	_____	Non- Exempt <input type="text"/>
				Exempt <input type="text"/>

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.