TSU
TEXAS SOUTHERN UNIVERSITY
Division of Administration & Finance
Human Resources & Payroll

3100 Cleburne | Houston, Texas 77004 | 713-313-7521

Request for Approval of Proposed Supplemental Salary

Requests for additional compensation must be submitted to Human Resources for review and approval, and must be approved in advance of services being performed. The approval must be received prior to the published payroll processing deadline for the month in which the work is to begin. **Please Note: Any request not submitted in advance of the work being performed may not be honored (MAPP 02.02.07, Section IV.E).**

Requesting Department		Requesting Supervisor		Date Submitted
Proposed Start Date of Performed Services		**Proposed End Date of Performed Services**		
Proposed Funding Source	**State** ◯	**Local** ◯	**Grant** ◯	**Other** ◯

SECTION 1: Employee Information

Employee Name _____ TSU ID# _____

Faculty or Staff Staff Annual Salary $_____ **Hourly Rate (A)** $_____
(Staff/Faculty Annual Salary ÷2080/1560)

Position Title _____

Faculty School/College_____ Staff Division/Department _____

SECTION 2: Pay and Funding Source Information for Proposed Supplemental Salary

Fiscal Year *(ex. FY2024)*	**Semester** *(ex. Fall 2023)*	**(B) Total Proposed Semester Supplement Amount**	**(C) # of Months**	**(D) Calculated Monthly Supplement Amount** (B÷C)	**(E) Supplemental Hours per Week**	**(F) # of Proposed Weeks for Supplemental Pay**	**(G) Total Hours of Supplemental Service** *(E x F)*	**(H) Rate of Supplemental Pay** (B÷G)
Charged to:		**Fund**	**Organization**	**Account**	**Program**	**Activity**	**Position#**	

******For E-H, Faculty Research Incentive Recipients should enter "FRIP"*

SECTION 3: Justification (Please list this proposed supplement and any others)

Supplement Entry	**Position#**	**Start Date**	**End Date**	**(E) Supplemental Hours per Week**	**(F) # of Proposed Weeks for Supplemental Pay**	**(G) Total Hours of Supplemental Service** *(E x F)*	**Approved Supplemental Pay**
1							$
2 *(additional)*							$
3 *(additional)*							$
TOTAL	---	---	---				$

******For E-G, Faculty Research Incentive Recipients should enter "FRIP"*

Certifying Statement

The total supplemental salary received by me to date from any University source, when added to the supplemental salary requested herein will amount to $ _____ and will not place me in violation of the University's policy on total allowable supplemental salaries for the current fiscal year per **(MAPP 02.02.07, Section IV.C).**

Employee Payee _____ _____ _____
Print Name Signature Date

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SECTION 5: Scope of Work/Deliverables

A. Days of Performed Service							
Business Days		**Time**		**Non-Business Days**		**Time**	
B. Describe the scope of work including specific services that will be performed.							
C. How is this scope of work critical to the ongoing operations of the institution?							
D. What are the expected deliverables?							

Is this work outside the employee's normal duties and responsibilities? **(Attach a copy of your primary Job Description filed with Human Resources)*	**Yes**	◯	**No**	◯
Will this work interfere with the employee's normal work hours, duties, or responsibilities?	**Yes**	◯	**No**	◯

Certifying Statement

I certify that the service being performed is outside my normal working hours (per MAPP 02.02.07, Section III.G, "Normally, work hours for full-time exempt staff are 8:00 a.m. to 5:00 p.m. Monday through Friday with a one-hour lunch break.").

_____ Initials

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SECTION 6: Approvals

Requesting Unit	Supervisor/Manager (Print)	Date	Signature	Date
Employee Home Unit	Supervisor/Manager (Print)	Date	Signature	Date
Dean	Supervisor/Manager (Print)	Date	Signature	Date
Provost/Unit VP	Supervisor/Manager (Print)	Date	Signature	Date
Budget/Grant/Title III	Supervisor/Manager (Print)	Date	Signature	Date
Human Resources	Supervisor/Manager (Print)	Date	Signature	Date
President (or designee)	Supervisor/Manager (Print)	Date	Signature	Date