



Monthly Employees Supplemental Pay Form

(for pay over a regular 40 hour week)

Name _____ ID # _____

Title _____ Department _____

E-mail _____ Contact Phone Number _____

For Period _____ GL # _____

Supervisor _____ Supervisor Phone Number _____

Regular Hourly Rate of Pay _____ Overtime Hourly Rate of Pay _____
(1.5 x Regular Rate)

Day	Date	Regular Hours	Overtime Hours	Description of Work
Total Hours Approved				

	Hours	Rate	Amount
Total Regular Hours			
Total Overtime Hours			
Total Amount of Requested Supplemental Pay			

 Employee Signature Date

 Supervisor Signature Date

FOR PAYMENT, PLEASE SEND THIS FORM TO HUMAN RESOURCES WITH A COPY OF THE FOLLOWING FORMS ATTACHED:

1. OVERTIME APPROVAL FORM
2. MONTHLY EMPLOYEE WEEKLY TIME SHEET