



OFFICE OF HUMAN RESOURCES

SUPPLEMENTAL COMPENSATION AGREEMENT (NON-FACULTY)

I. Employee Information

Name of Employee:		Employee Title:		Primary Department Name:		Primary Annual Rate:	
Primary FTE:	N-Number:	Position Number / Suffix:		Primary Account Number:		Length of Primary Appointment:	

II. Payment Information for Supplemental Appointment

Total Payment Amount:		Payment FTE:		Account Number (Payment Source):		Department Responsible for Supplemental Activity:	
Activity Start Date:	Activity End Date:	Payment Method:	Pay-Period Start:	Pay-Period End:	Biweekly/Lump Sum Amount:	Number of Payments:*	
		<input type="checkbox"/> Lump Sum <input type="checkbox"/> Bi-weekly					

Special Instructions:

Payment FTE - FTE is determined by dividing the payment amount by the payee's gross salary for the specified time period (activity start/end date).

Activity Start & End Dates - Dates cannot cross over semesters. If entire activity crosses two semesters, two forms must be completed.

Payment Method - Lump sum payments will be paid after the activity end date; Biweekly payments will be distributed evenly throughout the activity period.

Pay-Period Start & End Dates - Refer to the OPS Payment Schedule for a listing of pay-periods.

*Complete for Biweekly payment method only.

Complete Section III OR Section IV

III. Instructional Activity - Assignment

Course Number(s):		Section Number(s):		Title(s):		Credit Hours:	
Course Number(s):		Section Number(s):		Title(s):		Credit Hours:	
If summer course, select term:							

IV. Non-Instructional Activity

For Professional (A&P) employees, please prepare a Special Pay Increase form, found at www.unfjobs.org/hr

V. Outside Activity

Is employee employed outside of the University of North Florida during the same time this Supplemental Compensation activity is being performed?

Yes* No

*If yes, please attach a copy of an approved Report of Outside Activity of Employment form.



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VI. Approvals

This employee has my approval to perform the additional duties indicated above for the secondary employer. These additional duties will not be performed during the employee's regular working hours with the primary employer, and will not involve a conflict of interest with the employee's regularly assigned duties with the primary employer.

Primary Employer (Employee's Supervisor)

Date:

Authorization for Supplemental Payment by Secondary Employer:

For C&G funds, please approve below:

Principal Investigator Approved? Yes No _____
Date:

Department Chair/Head Approved? Yes No _____
Date:

Sponsored Research (for C&G funds) Approved? Yes No _____
Date:

College Dean Approved? Yes No _____
Date:

Divisional Vice President, Provost or Designee Approved? Yes No _____
Date:

Vice President Human Resources or Designee Approved? Yes No _____
Date:

Vice President Administration & Finance or Designee Approved? Yes No _____
Date:

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