



Additional/Interim/Retention Pay Approval

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_

Type of Payment:  Faculty Temp Assignment

Staff Temp Assignment

Retention Offer Request

Type of Request  Initial

Extension

Effective Date: \_\_\_\_\_

End Date: \_\_\_\_\_ (not to exceed 90-days)

Amount:  Monthly  Hourly

Total Amount: \_\_\_\_\_ (Comp: enter the total for the requested pe

Justification: \_\_\_\_\_

Approvals:

\_\_\_\_\_  
Director, Compensation (Staff Requests Only) Date

\_\_\_\_\_  
AVP, Human Resources (Staff Requests Only) Date

\_\_\_\_\_  
Immediate Supervisor/Leader Date

\_\_\_\_\_  
Cabinet Member Date

\_\_\_\_\_  
President Date