

UGA Supplement Request Form for Faculty/Staff

Tracking #

Supplement Type

- Administrative
· Faculty Administrator
· Interim Assignment
· Shift Differential (nonexempt)
- Special Chair

Employee Information

Request Date:	College/Unit Name:
Employee's Name:	Department Name:
BCAT:	Supervisor Name:
UGA Hire Date:	Supervisor Job Title:

Proposed Effective Date:	
Current Job Title:	Proposed Job Title:
Current FTE Annual Salary:	Proposed FTE Annual Supplement:
Proposed Supplement %:	

Funding

- Resident Instruction (Fund group 10-19 general funds) Auxiliary
 Restricted Other State (not grant – not part of Resident Instruction)

Required Signatures

I have reviewed this request and determined that the increase request meets the internal policies and criteria established to warrant the recommended adjustment. The required signatures below indicate support for this pay exception and confirm that this pay exception will not result in salary equity issues, budget deficiencies, or request for supplemental funds.

Employee Supervisor

Signature of Employee Supervisor Date

Department Head or Director

Signature of Department Head or Director Date

Dean, Vice President, or University Librarian

Signature of Dean, Vice President, or University Librarian Date

Human Resources Representative (*for staff only*)

Signature of Human Resources Representative Date

Signature of Provost (*if required*)

Signature of President (*if required*)

Justification

This request is submitted with the understanding that the position is mission critical and that all associated funds are available and are not required to meet any budget reductions or program redirections.