

SUPPLEMENTAL HOURLY WAGES REQUEST FORM

Name of Employee _____

Employee A#: _____

Position Number: _____

Total Number of Hours to be Paid _____

Breakdown of Hours: Week 1 _____

Week 2: _____

Week 3: _____

Reason for **Request of Supplemental Wages:**

_____ 1. The Department did not have an EPAF set up.

_____ 2. The employee's time was not entered into PHATIME.

_____ 3. The deadline for supervisor approval was not met.

_____ 4. Other. Please attach a memo explaining the reason for the request.

Name of Preparer: _____

Phone Extension of Preparer: _____

Name of Authorizer: _____

Authorizer's Signature _____

Department Head/Director

Date

Send form to HRbanner@usu.edu with the subject line "Supplemental Request".

HR Approver

Date

*Please remember that submission of this form does not mean automatic approval.
Departments will be notified if the request is denied.*