



Salary Supplement Request Form

- A separate form must be completed for each employee receiving special and infrequent payments not considered regular wages for labor or services.
- This form must be completed correctly and received by the employee's assigned Human Resources Business Center, to be entered into the employees Compensation section, according to the appropriate payroll deadlines (assuming that the employee record is active).
- **Please ensure that applicable back-up documentation is attached to this request to avoid processing delays.**

Employee's Name: _____ Employee ID: _____

Total Payment Amount to Employee: _____ Funding Worktag(s): _____
(C&G requires ORC pre-approval, see below)

Reason for Request (provide a brief description):

- Award (Insert Award Name): _____
- Uniform/Tool Allowance: _____
- Criminal Justice Incentive Pay (CJIP): _____
- Relocation Stipend (Select payment timing): _____ Prior to employee's date of hire _____ After date of hire
- *One-Time Performance Payment: _____
 1. May not exceed \$5,000 unless approved by the President
 2. Please refer to the link for more information on OTTP <http://hr.ucf.edu/files/OTPP.pdf>
- Automobile Supplement: Monthly amount: _____ Start Date: _____ End Date: _____
- Other (Insert Description): _____

Form Prepared by: _____ Telephone Number: _____
(Please Print Name)

Dean, Vice Provost, or Associate or Assistant Vice President Approval:

Printed Name: _____

Signature: _____ Date: _____

For ORC Use Only:

Use of C&G Fund (please list): _____

Is (check one): _____ Approved or _____ Denied by: _____
(President, Provost, or Vice President Signature per UCF Policy 2-107)

Signature: _____ Date: _____

To Be Completed if using UCF Foundation Funds:

Project Number: _____

Composite Fringe Benefit Rate (8.00% of payment to employee): _____

Total Payment to the university (payment amount to employee plus fringe benefit rate): _____

- After completing all information, please forward to UCF Foundation A/P for processing.
- Once approved and processed in Foundation, funds will be deposited to the funding dept. listed above and A/P will forward the request directly to UCF Human Resources for processing the payment to the employee.

Foundation Accounting ONLY:

Approved UCF Foundation(s): _____

Check Number: _____

Additional space for comments, descriptions, additional Worktags, project numbers, etc., as needed: