



# 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 in Human Resources according to the deadline on the Payroll Calendar to allow Payroll Services sufficient time for processing (assuming that the employee record is active). All forms should be emailed to [payroll@ucf.edu](mailto:payroll@ucf.edu) unless otherwise indicated.

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

(C&G requires ORC pre-approval; For Foundation funds list: 55010004-604097 or for Foundation automobile supplements list: 01300001-604097)

### Reason for Request:

(Check one applicable box and give 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 \_\_\_\_\_ email to [comp@ucf.edu](mailto:comp@ucf.edu) AND [payroll@ucf.edu](mailto:payroll@ucf.edu)

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/OTTP.pdf>

Automobile Supplement: Monthly amount \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Other (Insert Description) \_\_\_\_\_

Prepared by: \_\_\_\_\_ Telephone # \_\_\_\_\_

(Please Print Your Name)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(Dean, Vice Provost, or Associate or Assistant Vice President)

**FOR ORC Use Only:** C&G Funding Approved By: \_\_\_\_\_ C&G Funding Denied By: \_\_\_\_\_

### President, Provost of Vice President Signature per UCF Policy 2-107

Printed Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

### To be completed when 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.**

#### For Foundation Accounting Use Only:

Approved UCF Foundation: \_\_\_\_\_

Approved UCF Foundation: \_\_\_\_\_

Check Number: \_\_\_\_\_

#### For UCF HR Payroll Services Use Only:

(OTTP only): \_\_\_\_\_

Processor's Initials & Date: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_