



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 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 AND 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, or 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: _____