

**THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN**  
*Additional Payment Form*

Date Prepared: \_\_\_\_\_

Prepared By: \_\_\_\_\_

- Faculty – Supplemental Pay     
  Staff – Supplemental Pay     
  Temporary Worker  
 Background Check Complete

Employee Name: _____	Employee ID: _____
Cost Center Name: _____	Cost Center Number: _____
Position Title: _____	Position Number: _____
Position Begin Date: _____	End Date: _____
Hourly Rate: \$ _____	Total of Hours Worked: _____
	Total Pay: \$ _____

Justification for payment:

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Budget/Supervisor Approval	Date
Sponsored Research*	Date
Human Resources Approval	Date
Immediate Vice President Approval	Date
Vice President Business Affairs Approval	Date
President Approval	Date

**\*\*Salary paid from any grant funds must be approved by Sponsored Research\*\***

\*\*\*\*\*  
 HR STAFF USE ONLY  
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Employee Record: \_\_\_\_\_     
 Override Account #    Yes    No     
 ON CALL:    Yes    No