



# Request for Approval for Supplemental Contract Appointment

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

Fiscal Year: \_\_\_\_\_

Employee: \_\_\_\_\_ SF ID#: \_\_\_\_\_

Campus: \_\_\_\_\_ Bldg./Room: \_\_\_\_\_ Phone: \_\_\_\_\_

**Non-exempt employees must record all hours worked on their timesheet. Supplements are for additional responsibilities, not additional time.**

Amount: \$ \_\_\_\_\_

To be paid from: Department Name \_\_\_\_\_

Account Number \_\_\_\_\_

Effective Dates: beginning \_\_\_\_\_ ending \_\_\_\_\_.

**Specifically state the work to be done and how this work is not related to the employee's primary job description (attach additional sheets as necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

### Approvals

Approvals must be obtained in the order listed below

Budget Signature Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Vice President (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Executive Leadership Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

President/President's Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_