



Supplement Request Template

Supplement Title:	Job Code:
Department/School:	Owner:
Pay Frequency:	Supplement Amount:

PURPOSE: Explain the purpose for the supplement.

ELIGIBILITY: Outline steps that will determine eligibility.

1.
2.
3.
4.
5.

REQUIREMENTS: What requirements MUST be met to receive the supplement?

1.
2.
3.
4.

ADDITIONAL INFORMATION: If you have any additional information please list below.

1.
2.
3.

Supplement Approval:

Department Chief

Date

Compensation Manager

Date