



Supplemental Earnings Budget Request Form

NOTE: This form must be completed and submitted to both Department Chief and SCS Budget Office for approval of the ***New or Existing Supplement***. The Compensation Department will receive form upon all required signatures.

Action Requested:

NEW SUPPLEMENT

EXISTING

Job Title Code:

Job Title Description:

Number of Supplement(s):

Amount of Supplement:

Total Supplement(s) Amount:

FUNDING

Funding Source #1:

Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding Source #2:

Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding Source #3:

Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: Supplemental Budget Request Form must include account numbers indicating available funding options.
Please submit this form to Compensation Department after Chief and Budget Office signature.**

APPROVED

DENIED

Department Chief:

Date

SCS Budget Office:

Date

Compensation Manager:

Date