

Biweekly Supplemental Form

INSTRUCTIONS This form is used to submit supplemental pay due to biweekly paid employees. The completed form must include a signature of approval and be submitted to Payroll Services.

Purpose of Form: Check One <input type="checkbox"/> Lump Sum Vacation/Annual Leave <input type="checkbox"/> Sick Leave/Death Benefits <input type="checkbox"/> Longevity <input type="checkbox"/> Supplemental Pay		Office Use Only IT _____ Pay Ind. _____ Voucher No. _____ Pay Code _____	
Adloc Name		Adloc	Pay Sequence
Employee Name		SS#	PIN#
Title Code	Object Class	Rate of Pay	Termination Date

LUMP SUM VACATION/ANNUAL LEAVE

Attach copy of the Employee YTD Activity Report from LeaveTraQ. If not on LeaveTraQ, attach an alternate supporting leave report to document the number of accrued vacation hours.

Total number of vacation hours and holiday hours to be paid: _____
 (Note: Maximum lump sum vacation is 784 hours)

** Number of the above hours due for holiday pay: _____

** Note: Refer to System Regulation 31.04.01 section 3. System Holidays – for determining eligibility to receive holiday pay.

Account	Accounting Analysis	Gross Pay Due
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SICK LEAVE/DEATH BENEFIT

Total sick leave hours _____ /2 = Sick leave/death benefit hours to be paid: _____
Note: Maximum lumps sum sick leave for estate of deceased person is 336 hours.

Account	Accounting Analysis	Gross Pay Due
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LONGEVITY

Total number of longevity months due: _____ Longevity rate per month: _____

From: _____ (beginning month) to _____ (end month)

Note: Please attach the [Request for Employment Verification](#) form.

Account	Accounting Analysis	Gross Pay Due
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SUPPLEMENTAL PAY

Total number of straight time hours or events due supplemental pay: _____

Amount due per straight time hour or event: _____

Total number of overtime hours due: _____ Amount due per overtime hour: _____

Note: If you need help with an overtime calculation, please contact Payroll Services.

Reason Number (refer to page 2)	Date From	Date Thru
Gross pay due-Straight time hours/events		Gross Pay Due - Overtime
Account	Support Acct.	Accounting Analysis

SUPPLEMENTAL PAY REASON

Enter appropriate number on page 1 in the Reason Number box in the Supplemental Pay section if applicable.

Reason Number	Explanation
1.	Pay increase due for a prior pay period
2.	Approved merit increase effective prior to the current pay period
3.	Pay due for hours worked prior to the current pay period
4.	Pay due for hours awarded by the sick leave pool covering prior pay period A copy of the Sick Leave Pool Withdrawal Form must be attached.
5.	Pay due per event – SPECIFY EVENT: _____
6.	Other – Provide detailed Explanation:

I certify that I am acquainted with the employee listed on this payroll supplemental form or that I have received necessary details from persons privy to and technically qualified to substantiate effort distribution, and that to the best of my knowledge and belief the employee is entitled to the payment shown on this supplemental form and that the distribution of pay between the departments and projects is true, correct and properly presented by the percentage of effort indicated. Any exceptions are indicated by explanatory note.

 Print Name

 Phone

 Approved By

 Date

<p>TAMU—SUBMIT TO: Payroll Services General Services Complex, Suite 1201 MS 1261 payroll@tamu.edu Fax (979) 845-4134</p>	<p>TAMUG —SUBMIT TO: Payroll Services Sea Aggie Center, Bldg 3026 Suite 800, Room 807 payroll@tamug.edu Fax (409) 740-4573</p>	<p>NEED HELP? College Station--payroll@tamu.edu Team PhD – 845-2782 or 845-2787 Team CEO – 862-2898 or 845-2760 Team PALS – 845-2797 or 845-4737 Galveston - payroll@tamug.edu Galveston Payroll - 409-740-4837</p>
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