

# Monthly Supplemental Form



**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact payroll@tamug.edu or contact your Payroll Processing Team at the phone numbers referenced below.

**Instructions:** This form is used to submit additional or supplemental pay for monthly paid employees. The completed form must include a signature of approval and be submitted to Payroll Services. If the payment is for Lump Sum Vacation, attach a 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. Also, attach a copy of the Monthly Lump Sum Pay Worksheet.

PAY SEQ  AD LOC #  AD LOC NAME

PIN	UIN	EMPLOYEE NAME		GROSS PAY DUE	DATE FROM	DATE THRU	ACCOUNT NUMBER	SUPPORT ACCT	ACCTG ANALYSIS
		TITLE CODE	TITLE NAME						
<i>Use the space below to provide a detailed explanation/justification of the payment requested. Attach any additional documentation that supports this payment request.</i>									
<b>Explanation:</b>									

I certify that I am acquainted with all employees listed on this payroll 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 each employee is entitled to the payment shown on this voucher. The distribution of pay between departments and projects is correct and properly represented by the percentage of effort indicated unless subsequent written notice is given by me. This statement is issued as the after-the-fact certification for grants and contracts, unless I contact the Fiscal Office of any changes.

Date Approval Signature

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