

COLLEGE OF EDUCATION

Request for Approval for Supplemental Payment

Budget Administrator
(signature) _____

Date: _____

Name: _____

PSU ID Number: _____

Amount: _____

Budget/Fund _____

☐ Supplemental 1 OR ☐ Supplemental 2

Number of Payments: _____

Begin Appointment Date: _____

End Appointment Date: _____

Pay Date(s): _____

Justification:

☐ Department Head/Administrator

☐ Grant/Research Funds

☐ Other

Approved:

_____ Finance Office

_____ Dean

Approved:

_____ Finance Office

_____ Research Office

Approved:

_____ Finance Office