



Additional Compensation for RGP/TL

Empl ID:	Name: (Last, First, Middle)		
Effective Date:	Expected End Date:		
Job Code:	Business Unit:		
Dept Name:		Dept Number:	
Location:	Supervisor Empl ID:		
Empl Class:	FLSA Status:	Standard Hours:	
Salary or Hourly Rate:			

Accounting Information

	Acct 1	Acct 2	Acct 3	Acct 4	Acct 5	Acct 6	Acct 7
Operating Unit							
Department							
Fund							
Account							
Class							
Project							
Proj Costing Bus Unit							
Cost Share							
Amount							

HR Use Only

Pay Group:

Signatures

Initiator:		Date:
Approver:		Date:
HR Operations/Services:		Date:
Payroll:		Date: