



Request for Additional Pay

Name: _____ OSU ID# _____

Title: _____

Department name: _____

Specify the reason for Additional Pay:

Amount of Compensation: \$ _____

Begin Date: _____ End Date: _____

Chartfield: ORG _____ FUND _____ ACCOUNT _____

Additional Comments:

*A copy of an OSU Supplemental Compensation Request Form is to be attached to this form for all supplemental compensation requests

Person Authorizing Additional Pay

Date

Person Entering Additional Pay in HRIS

Date