



Payment Requisition Form

To be used for active employees only to issue supplemental payments in addition to their base salary upon completion of work. Supplemental Compensation Approval form must be completely approved and received in Payroll office for payment to be made. Contact Human Resources if you have any questions about using this form.

Employee Name: _____ Empl ID#: _____

Approving Supervisor: _____

Department: _____

Service Completed for Payment: _____

List dates of service and amount:

- Signatures below confirm work was complete as per Supplement Compensation Approval form.

Start Date	Completion Date	Payment Amount

Employee Certification:

I certify the information above is accurate and complete

Employee's Signature: _____ Date: _____

Approval: **I certify the above information is accurate and approve payment**

Supervisor's Signature: _____ Date: _____

Original to Payroll - Make copy for your records

Version: 2/20/2014