

Monthly Supplemental Form



INSTRUCTIONS:

This form is used to request payment for 1.)Monthly Salary not processed on the E-BVD during the normal monthly cycle 2.)Dual Employment (when faculty or staff have additional employment within Texas A&M Kingsville in which they provide services outside the scope of their primary employment) 3.)Vacation/Sick Leave payments. The completed form must include an approval signature for all payments and a second plus provost signature for those requesting the pay for dual employment. If the payment is for Vacation/Sick Leave, attach a copy of the Employee YTD Activity Report from LeaveTraq showing the Lump Sum transaction. Also, attach a copy of the Monthly Vacation/Sick Leave Payout Calculation.

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

I certify that I am acquainted with the employee listed on this Monthly Supplemental Form 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, the employee is entitled to the payment shown on this form and that the distribution of pay between the departments and projects is true, correct and properly presented by the percentage of effort indicated. I also ensure that appropriate leave has been taken by the employee in accordance with relevant University leave requirements while performing additional work. Any exceptions are indicated by explanatory note.

Date _____	PRINT - Head of Departmental _____	SIGN - Head of Department _____
Date _____	PRINT - Provost (Faculty Employees Only) _____	SIGN - Provost _____
Date _____	PRINT - Employing Dept (Only for dual employment) _____	SIGN - Employing Dept (Only for dual employment) _____
Date _____	PRINT - TAMUK Payroll/ Budget Department _____	SIGN - TAMUK Payroll/ Budget Department _____

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 Services using the information below.

<p>Submit to: Payroll Services payroll@tamuk.edu</p>	<p>Questions payroll@tamuk.edu 361-593-4208</p>
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