

# Supplemental Payment Request

*This form is used for supplemental pay including awards for academic and administrative staff (non-civil service).*

Name: \_\_\_\_\_ WIU ID Number: \_\_\_\_\_

Bargaining Unit Status:  Unit A  Unit B  Not Covered by Agreement

Supervisor Name (for this supplemental work): \_\_\_\_\_

Supervisor WIU ID Number (for this supplemental work): \_\_\_\_\_

**I certify the employee  WILL  WILL NOT work with minors in this supplemental capacity.**

**BEFORE AN EMPLOYEE MAY WORK WITH MINORS:**

- 1) Authorization on Page 2 must be completed
- 2) Initiator must notify Human Resources (298-1971) regarding supplemental work PRIOR TO WORK BEGINNING.

Explain how the additional duties are outside the employee's primary contractual responsibilities and work hours:

If supplemental compensation is for work already completed, provide justification:

**Budget Department Name:** \_\_\_\_\_ **Budget Department Number:** \_\_\_\_\_

**Specific Begin and End dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Number of Months:** \_\_\_\_\_

**Supplemental Payment per Month:** \$ \_\_\_\_\_ **FTE Monthly Salary in Primary Position:** \$ \_\_\_\_\_

**Percent of Appointment\*:** \_\_\_\_\_ % **Total Cost\*\*:** \$ \_\_\_\_\_

**\*To calculate Percent of Appointment: Payment per Month divided by FTE Monthly Salary  
(Example: \$243/\$3,572 = 6.8029 %)**

**\*\*To calculate the Total Cost: Supplemental Payment per Month x Number of Months**

**Prepared by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Employee Certification:

This work is outside my primary university duties/work hours and will not interfere with those duties.

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Fiscal Agent Date

\_\_\_\_\_  
Employee's Chair Supervisor Date

\_\_\_\_\_  
Fiscal Agent's Dean/Chief Administrator Date

\_\_\_\_\_  
Employee's Dean/Chief Administrator Date

\_\_\_\_\_  
Fiscal Agent's Vice President Date  
(Not Required for Grant Accounts)

\_\_\_\_\_  
Human Resources (Sherman Hall 105) Date

*This employment must be in accordance with  
the WIU Equal Opportunity and Access policy.*

\_\_\_\_\_  
Employee's Vice President Date

**Forward completed form with required signatures to: Office of Human Resources, Sherman Hall 105**

PROCESSED BY:	DATE:
Foundation (SH 307)	_____
Sponsored Projects (SH 320)	_____
Budget Office (SH 315)	_____
Human Resources (SH 105)	_____

## BACKGROUND INVESTIGATION AUTHORIZATION

As an employee of Western Illinois University who may perform supplemental work with minors, being allowed to perform this work is contingent upon University policies and procedures relating to the receipt and evaluation of information contained in a background investigation. Accordingly, you are required to submit to a background investigation if you may be working with minor children. Arrest, conviction, or administrative discipline is not necessarily an automatic bar to future assignments.

In the event the background check reveals the presence of information of concern, Western Illinois University reserves the right to prohibit an employee from performing work with minors.

### EMPLOYEE ACKNOWLEDGMENT

I, the undersigned, affirm that I have carefully read, reviewed, and understand this investigation form.

Furthermore, I attest that I (**have/have not**) been convicted of a crime (circle one) or the subject of any administrative disciplinary action, and agree to the background investigation. (If you circled "have," please attach a document to explain.)

I understand the department will be contacted once the background check process is complete. I further understand that I cannot start working with minors until I am cleared through the background investigation process.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

WIU ID#: \_\_\_\_\_