

# Supplemental Payment Request

*This form is used for supplemental pay including awards for academic and professional 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 NOT work with minors in this supplemental capacity.**

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

A) Authorization on Page 2 must be completed

B) Initiator must notify Academic Personnel (8-2216) 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 (Not Required for Grant Accounts)	_____ Date
_____ AC Review Sherman Hall 202	_____ Date		
_____ Employee's Vice President	_____ Date		

**Forward completed form with required signatures to: Office of Academic Personnel, 202 Sherman Hall**

<b>PROCESSED BY:</b>	<b>DATE:</b>
Foundation (SH 307)	_____
Sponsored Projects (SH 320)	_____
Budget Office (SH 315)	_____
Academic Personnel (SH 202)	_____

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

## 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 check process.

Name (Please print): \_\_\_\_\_

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

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