

**SUPPLEMENTAL PAY FORM:  
EXEMPT Employees ONLY**

Employee Name		Employee ID	
Department Name		Department Number	
Position Number		Record Number	

Briefly describe the reason the correction is being made. For non-exempt employees you must submit a signed Time and Leave document; NOT this form.

Example: I forgot to okay to pay this exempt employee for pay period ending MM/DD/YY. Please pay him/her for 80 regular hours.

It is imperative that we receive accurate earnings codes. i.e., 64 hours REG, 8 hours SCE & 8 hours VAE.

\_\_\_\_\_ Date sent to Human Resources: \_\_\_\_\_

Department Head Signature

**\*PLEASE FAX (785-532-6095) OR SEND TO HUMAN RESOURCES - 103  
EDWARDS HALL**

**\*Reminder: This form is NOT for use for non-exempt employees. You must submit a signed Time and Leave document for non-exempt employees.**