



TEXAS SOUTHERN UNIVERSITY  
**OFFICE OF HUMAN RESOURCES**  
 3100 Cleburne  
 Houston • Texas • 77004

**APPLICATION FOR APPROVAL OF SUPPLEMENTAL SALARIES**

**Employee Name** \_\_\_\_\_ **TSU ID#** \_\_\_\_\_

**Regular Position** \_\_\_\_\_ **Dept.** \_\_\_\_\_

APPROVAL FOR			
Description	Amount	From	Until
Monthly rate of pay in excess of the regular full-time rate	\$		
Supplemental pay in addition to regular full time rate	\$		
<b><u>Justification:</u></b>			

SPECIAL EVENTS ONLY				
Description	Amount (incl. per hour)	Date of Event	Name of Event	Days Worked
Supplemental pay in addition to regular full time rate				

Charged to:	Fund	Orgn	Prgm	Item	Acct
Department:	Dept. Head:				Date:

(Signature)

I certify that the total supplemental salary received by me to date from any University source, when added to the supplemental salary requested herein will amount to \$ \_\_\_\_\_ and will not place me in violation of the University's policy on total allowable supplemental salaries for the current fiscal year.

\_\_\_\_\_  
*Employee/Payee Signature* *Date*

**APPROVALS:**

Department \_\_\_\_\_  
 \_\_\_\_\_  
*Department Representative* *Date* *Countersigned (if required)* *Date*

College \_\_\_\_\_  
 \_\_\_\_\_  
*Dean or Administrator* *Date* *Countersigned (if required)* *Date*

Budget Office \_\_\_\_\_  
 \_\_\_\_\_  
*Representative* *Date* *Date*

Human Resources \_\_\_\_\_  
 \_\_\_\_\_  
*Executive Director* *Date* *Date*