

The University of Oklahoma – Flat Rate Supplemental Pay Request (06/20)

Use this form for supplemental pay to individuals who are appointed to the Norman campus and are currently being paid through the University payroll. Please send completed form with the appropriate signatures to the Payroll office at 905 Asp Ave. NEL RM 244 Norman, OK 73019.

Prepared By:	Date:	Phone:
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Name:	Last:	First:	MI:
Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student		
Current Appointment Status:	FTE:		
EMPLID:			
Dept:			
Org:			
Fund:			
Function:			
Entity:			
Source*:			
Project*:			
Purpose:			
Combo Code:			
Total Hours Worked:			
Rate Per Hour:			
Period Worked:	From:	To:	
Gross Earnings:			
Type of Work:			

*Source is required if Fund = AUFEE, SUAUX, EDWCH, EGFE, ISLN.

*Project is required if Fund = SPNSR or CAPTL

Remarks:	
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Approval Signatures	Date:
Account Sponsor:	
Dean:	
Grants and Contracts (If Applicable):	
Provost / Vice President:	
Human Resources:	
Payroll and Records:	