



Request for Approval for Supplemental Contract Appointment

Date: _____

Fiscal Year: _____

Employee: _____ SF ID#: _____

Campus: _____ Bldg./Room: _____ Phone: _____

Non-exempt employees must record all hours worked on their timesheet. Supplements are for additional responsibilities, not additional time.

Amount: \$ _____

To be paid from:

Department

Name Account

Effective Dates: beginning _____ ending _____.

Specifically state the work to be done and how this work is not related to the employee's primary job description (attach additional sheets as necessary):

Approvals

Approvals must be obtained in the order listed below

Budget Signature Authority: _____ Date: _____

Associate Vice President(if applicable): _____ Date: _____

Executive Leadership Team Member: _____ Date: _____

Director of Human Resources: _____ Date: _____

President/President's Staff: _____ Date: _____

Finance Officer (for fund 2 only): _____ Date: _____

Employee Signature: _____ Date: _____