Division of Human Resources  
Supplemental Payment for Additional Assignment Form  

Employee Name: __________________________       Date of Birth: ___/____/____       CWID: _____________ Ext: ______

**Employee’s Primary MSU Position Information**
- Position Title: __________________________________________________
- Supervisory Organization: _________________________________________
- Supervisor/Manager: ________________________________ Ext:_________
- Full-time or Part-time hours: ____________________________

**Employee’s Additional Assignment Information**
*You must attach a job description.*
- Supervisory Organization: _________________________________________
- Supervisor/Manager: ________________________________ Ext:_________
- Short Description: ______________________________________________________________________________
- Explanation of how this assignment will not interfere with primary position responsibilities: __________________________________________________
- Assignment Start Date: ____/____/________
- Assignment End Date: ____/____/________
- Total Amount to be paid: $_____________________
- Payment Schedule: _____________________________________________________________________________
*Please specify if the payment is one lump sum or if it should be split into multiple payments. Also, include preferred payment dates.

Fund: _____ Cost Center (Dept. Code): ________________________ PS Account (circle one):    52011 – Instructional
Grant Project Code: _______________________                  55011 – Non-Instructional
*Grant Accounting needs to sign off on all payments funded by a grant (below).

Requested by: _______________________________       Print Name       Date
Approved by: _______________________________       Print Name       Date
Approved by: _______________________________       Print Name       Date
Approved by: _______________________________       Print Name       Date

Updated 01/2018