


KENT STATE UNIVERSITY
Supplemental Pay Request Form

Employee Name:		Title:		Kent State ID:		Position No.:		Requested Amt.:	
Campus/Unit:				Requested Begin Date:			Requested End Date:		

Type of Pay Adjustment – Classified and Unclassified Hourly (Policy 3342-6-07.6):

- Temporary working level** – when an employee is required to perform duties representative of a classification with a higher pay grade normally because of a temporary absence or vacancy.
- Skill/knowledge based** – when a position requires specific, measurable or certifiable knowledge or skill (for example, proficiency in a foreign language, Braille or sign language).
- Additional complexity of assignment** – when a position requires the performance of duties within the employee’s classification, but the work is performed in circumstances that place additional complexity in the work (for example, performing the same type of work for 2 or more units).
- Recognition of achievement *** – a one-time lump sum payment to recognize the successful accomplishment of a significant but temporary project.

Type of Pay Adjustment – Unclassified (Policy 3342-6-08.1):

- Temporary assignment** – when an employee is temporarily assigned duties and responsibilities of greater complexity in addition to those outlined in the current job description and the assignment is in excess of 3 months.
- Interim assignment** – when an employee is temporarily assumes a vacant position of a higher pay grade in an acting capacity where the assignment is continuous and in excess of 3 months.
- Lump sum payment *** – a one-time lump sum payment to recognize the successful accomplishment of a significant but temporary project that is deemed strategic in nature by the university.

Please provide information and details to support the request (if extra space is needed, please attach additional information to this form):

Budget Information

Index Name	Index No.	Org. Code	Account	Distribution Percent	Dist. Start Date	Dist. End Date

Department Head/Campus Dean - Printed Name

Principal Investigator (if grant funded) Date

Department Head/Campus Dean - Signature Date

Research and Sponsored Programs (if grant funded) Date

* Requires Vice President for Human Resources or Designee Approval Date

Divisional Budget Officer Signature Date

Executive Officer Approval and Signature (required) Date

For Human Resources Use Only

Current Rate	Supplemental Pay Rate	Adjustment Percent	Compensation Approval	Date Sent to HR Records/Payroll	OPERS
					<input type="checkbox"/> yes <input type="checkbox"/> NTD <input type="checkbox"/> no