**Request for Supplemental Salary Agency Approval Form**

Date:

Position Title:

Institutional Base Salary: Teaching Months:

I, am requesting agency approval for % supplemental salary above my Institutional Base Salary (IBS) for the period of [Date] to [Date]. I will work the additional hours for the total of [hours] per week from [Time] to [Time] and on [Day] to [Day].

Justification for grant-related compensation.

Current Support:

Pending Support: