



The University of Texas at El Paso  
Additional Pay Request Form



**Person Receiving Payment**

**EmplID**

**Name**

**Type of  
Payment**

Temporary/Additional Duties

---

**Current Appointment(s)**

Position  
Number

Position  
Number

Cost  
Center /  
Project ID

Cost  
Center /  
Project ID

**Notes**

Justification for supplemental payment request

Position  
Number

**Temporary Additional Duties**

Additional  
Duties  
Related to

Start Date

End Date

Payout  
Amount

Description of Additional Duties

**Funding Source**

Cost Center  
/ Project ID

Funding  
Begin  
Date  
Funding  
End  
Date

Distribution  
Percentage

Cost Center  
/ Project ID

Funding  
Begin  
Date  
Funding  
End  
Date

Distribution  
Percentage