

**ALVIN COMMUNITY COLLEGE**

**SUPPLEMENTAL WAGE AUTHORIZATION**

Employees are occasionally called upon to perform extra assignments, and are to be paid from another funding source. The budget manager of the funding source to be used should submit authorization for payment for services. Signatures of the appropriate Dean and/or Director, and the Director of Human Resources are required before submitting to the Business Office for payment.

PLEASE PRINT OR TYPE

**DEPARTMENT:**

\_\_\_\_\_

**GL NUMBER:**

\_\_\_\_\_

**EVENT :**

\_\_\_\_\_

**EVENT DATE(S):**

\_\_\_\_\_

**DESCRIPTION OF WORK  
PERFORMED:**

\_\_\_\_\_

EMPLOYEE NAME	EMPLOYEE ID / SSN	HOURS WORKED	RATE OF PAY	TOTAL PAY AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**APPROVAL / AUTHORIZATION:**

\_\_\_\_\_  
Budget Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean / Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date