

## Agreement for Supplemental Compensation (Extra Pay)

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about you on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact our office using the information at the bottom of the form.

**INSTRUCTIONS:** *This form is to be used in conjunction with the Monthly Supplemental Form to pay faculty or staff for extra work that result in one or more payments. Any employee may accept additional employment with a department, unit, or component of The Texas A&M University Kingsville, provided the employee obtains the **advanced approval** of the head of both the current department or unit and the employing department or unit. Ensure appropriate leave has been taken by the employee in accordance with relevant University leave requirements while performing additional work. Please complete the area below and submit this form to Payroll Services as noted at the bottom of the form.*

Date	Activity	Employing Department	Current Department	
Employee Name	UIN	PIN	Title	Title Code
Employment Period From                      Thru	Account	Support Account	Accounting Analysis	Gross Pay Due

**Provide a short summary of duties the employee performed:**

Head of Current Department	Head of Employing Department	Date
Dean		Date
Contracts and Grants (Grant Accounts Only)		Date
Provost (Faculty Employees Only)		Date
Budget Department/TAMUK Payroll		Date

**SUBMIT TO:**  
Payroll Services  
[payroll@tamuk.edu](mailto:payroll@tamuk.edu)

**Questions**  
[payroll@tamuk.edu](mailto:payroll@tamuk.edu)  
Yvonne Vela 361-593-4208