



Supplemental Pay Schedule Adjustment Form

There are times when supplemental appointment responsibilities conflict with an employee's normal work schedule. If the responsibilities of the supplemental appointment responsibilities do not conflict with your normal work schedule, please indicate that by completing the appropriate section below. If the supplemental appointment responsibilities do conflict with your normal work schedule, please indicate specifically, including a brief description of how you will adjust your schedule within your work hours.*

Employee Name

Term (Indicate Grad or Undergrad)

Course/ Appointment

Days and Times of Course/ Appointment

Please complete the following:

No adjustment to my normal work schedule is required. The responsibilities of this supplemental appointment do not conflict with my typical work schedule which is as follows:

Please provide work schedule if other:

- Monday - Friday 8:00 am - 5:00 pm (PAT)
- Monday - Friday 8:00 am - 4:30 pm (OS)
- Other (Please specify in space provided)

An adjustment to my normal work schedule is required. The responsibilities of this supplemental appointment will conflict with my normal work schedule which is as follows:

Please provide work schedule if other:

- Monday - Friday 8:00 am - 5:00 pm (PAT)
- Monday - Friday 8:00 am - 5:00 pm (OS)
- Other (Please specify in space provided)

Below are specific schedule adjustments that I will be making to address my usual workday responsibilities occurring while the supplemental work is performed.

Employee Signature and Date

Supervisor Signature and Date