**CSFS SUPPLEMENTAL PAY AUTHORIZATION FORM**

**PROCEDURES—HOW TO USE THIS FORM**

1. The employee’s home department shall complete the form and route for appropriate approvals.
 \* CSFS will initiate the authorization form and obtain CSFS signatures
 \* CSFS will scan and email the form to WCNR, Dean’s Office
 \* WCNR will sign and scan the form to OSP, attn: Sr. Research Aministrator on WCNR Team
 \* OSP will sign and scan the form to the Provost’s office
The original form will be retained at CSFS, State Office, personnel file.
2. Final approval by the Provost is required.
3. ROUTE TO PAYROLL. The Provost’s office will send final completed SUPPLEMENTAL PAY AUTHORIZATION FORM to hrs-payroll@mail.colostate.edu (or: 204 Howes St. Business Ctr., 6004 Campus Delivery, Fort Collins, CO 80523-6004) in time to set up for payroll before payment is due. Scanned, signed documents are acceptable if the original is retained in the department.
4. Supplemental payments cannot be for less than $100, unless it is the entire balance for the incident assignment.
5. Payments shall be made at the end of each incident, but there could be more than one Supplemental Pay request in a monthly period if the employee responded to more than one incident assignment during that month. Payments shall be payable on the same date as the next regular University monthly payroll. No biweekly payments of supplemental pay are permitted. Request must be received no later than the 10th day of the month in order for payment to issue in that month.
6. Payments for CSFS emergency fire suppression/support should be processed within a month of the work performed. Please note timing is critical at Fiscal and Calendar year end.

 **CSFS - SUPPLEMENTAL PAY AUTHORIZATION FORM**

Date:

Created By:

Phone #:

 **Request to Issue Payment for Emergency Fire Suppression/Support**

PLEASE COMPLETE ALL INFORMATION BELOW. INCOMPLETE FORMS WILL BE RETURNED

|  |  |  |
| --- | --- | --- |
| Employee Name (Full Legal):  | Title:  | Oracle ID #: |
|  |  | APPT. TYPE: 12 monthsFTE: Full Time \_\_\_Part Time \_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HOME DEPARTMENT**DEPT. NAME: **Colorado State Forest Service (CSFS)**  DEPT. NO.**5060** COLLEGE/VP DIVISION: **WCNR** **STATEMENT OF THE WORK**1. Provided emergency fire fighting or support services as requested by jurisdictional incident agency. Specific incident name(s) and date(s) of assignments are reflected below. Records of actual time worked are available with incident records on file at CSFS. Pre-authorization of supplemental pay for emergency fire fighting duty has been obtained from the Provost and is on file at CSFS.

|  |  |  |  |
| --- | --- | --- | --- |
| Fire Name | Dates of Assignment | Account # | $ Amount |
|  |
| Total this request | $  |

2. The following requirements shall apply to the Work: Employee acknowledges and agrees that the Work does not count towards time requirements for earning or maintaining tenure or promotion, nor for purposes of earning annual leave or sick leave.**CERTIFICATIONS AND SIGNATURE**

|  |  |
| --- | --- |
| **DIRECTOR/CSFS State Forester, Approval of payment**:I certify that I have reviewed this request for supplemental pay, and I approve the use of funds.x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_**WCNR DEAN, Approval of payment**:I certify that I have reviewed this request for supplemental pay, and I approve the use of funds.x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_ | **CERTIFICATION AS TO AVAILABLE FUNDS:**I hereby certify that sufficient funds have been made available for payment of the Work:CSFS Chief Financial Officer:x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_  |
| **SPONSORED PROGRAMS REVIEW/APPROVAL:**If supplemental payments are funded by a 53-fund account, a Sponsored Programs Research Administrator must sign herex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_  | **Final Approval**APPROVED BY PROVOST/DESIGNEEBy:  Signature DatePrint Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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