PennState

College of Health and Human Development
The Pennsylvania State University
University Park, PA 16802-6501

hhd.psu.edu

Date: _____

From: _____ Department Head Signature

Subject: Exceeding 20% Supplemental II Cap

Name: _____

Amount being paid for Supplemental II appointment: _____

Effective dates: Beginning _____ Ending _____

Supplemental II 20% cap Amount: _____

Current total of all Supplemental II payments for fiscal year: _____

Amount to be paid over 20% cap: _____

Explanation: Please include description of work, class name (if teaching) and why employee is needed for this additional work.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____