



Supplemental Earnings Budget Request Form

NOTE: This form must be completed and submitted for approval of the *New or Renewal Supplement*. Please forward the signed form to stipendrenewal@scsk12.org. Both Finance and Human Resources offices will review for approval and the form routed to the requester after approval.

Action Requested: RENEWAL NEW SUPPLEMENT

Job Title Code:

Job Title Description:

Number of Supplement(s):

Amount of Supplement:

Total Supplement(s) Amount:

FUNDING

Funding Source #1:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Source #2:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Source #3:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Supplemental Budget Request Form must include account numbers, indicating available funding options. Please submit this form to the Compensation Department after Chief and Budget Office signatures.

APPROVED DENIED

Department Chief: Date

SCS Budget Office: Date

Compensation Manager: Date