

AUDITOR CONTROLLER
ADDITIONAL (ADDL PAY) REQUEST FORM

Date: _____ **Effective Pay Period:** _____

Department: _____ **Employee ID:** _____

Requested By: _____ **Phone:** _____

Employee Name: _____

(Please print Last Name, First Name)

Effective Date: _____

Add

Cancel

Select the appropriate additional payment and attach appropriate backup documentation.

Description	X	Amount	Comments
Uniform			Specify code (UNA, FUB, etc)
Educational Incentive – RSA Only			
Educational Incentive – LEMU			Specify ELB, ELM, ELO, EMO
Flexible Benefit Credits (FLX)			
Educational Loan Reimbursement			
Education Reimbursements			
DHA/CAR – Signed form must be attached			
Difficult to Recruit (DT1, DT2, DT3, DT4)			
Other:			

**Additional Pay requests are due to ACO Payroll by 12:00 pm on non-pay day Tuesday for the current pay period.
Request received after that time will be processed for the following pay period.**

ACO PAYROLL USE ONLY

Signature (Central Payroll Processor)

Date

Pay Period Processed

Verified by

Date