

**AUDITOR-CONTROLLER  
ADDITIONAL (ADDL PAY) REQUEST FORM**

**Date:** \_\_\_\_\_ **Effective Pay Period:** \_\_\_\_\_

**Dept:** \_\_\_\_\_ **Empl Id:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_  
(Please print Last Name, First Name)

\*\*\*\*\*

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 below ELB, ELM, ELO, EMO
Flexible Benefit Credits (FLX)			
Educational Loan Reimbursement			
Education Reimbursements			
DHA/CAR –			Signed form must be attached
Other:			

**Additional Pay request 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**