



**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