

**ADDITIONAL PAY FORM  
TALLADEGA COLLEGE  
TALLADEGA, ALABAMA**

DATE-----

NAME-----  
(LAST) (FIRST) (MIDDLE)

COLLEGE TELEPHONE EXTENSION-----

DEPARTMENT-----SUPERVISOR-----

EFFECTIVE DATE OF ACTION-----

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**INCOME INFORMATION**

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AMOUNT OF REQUEST\$-----

PROGRAM ATTACH SUPPORTING DOCUMENTATION-----

RESTRICTED FUNDS ( ) UNRESTRICTED FUNDS ( ) ACCOUNT NUMBER-----

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**APPROVAL**

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Supervisor's Signature-----Date-----

Employee Signature-----Date-----

( ) Approved

( ) Disapproved

Approving Authority Signature-----Date-----

Grants Administrator Signature-----Date-----

Controller Signature ----- Date -----

( ) Sufficient Funds

( ) Insufficient Funds

V.P. Business Office Signature-----Date -----

President's Signature----- Date -----

Personnel/HR Department Signature----- Date -----