

CLEAR FORM

SALARY SUPPLEMENTATION REPORT FOR FY _____
(YEAR)

Agency/Institution name	Agency/Institution number
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Name	Social security number
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Title

*BASE SALARY	SUPPLEMENTAL AMOUNT	TOTAL
\$	\$	\$

Salary supplementation sources

*For higher education agencies, this amount is the base salary from the GAA plus any BRP received. This amount does not include longevity or hazardous duty pay.

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Title

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CONTACT PERSON AND PHONE NUMBER (Please type or print)

NAME AND TITLE OF AUTHORIZED PERSON (Please type or print)

AUTHORIZED SIGNATURE AND DATE

Return to both:

COMPTROLLER OF PUBLIC ACCOUNTS
Statewide Human Resource and Payroll Assistance Section (SHRPA)
Attention: Salary Supplementation Coordinator
P.O. Box 13528
Austin, TX 78711-3528

SECRETARY OF STATE
Statutory Documents Section
P.O. Box 12887
Austin, TX 78711-2887

Interagency mail: LBJ Building
111 East 17th Street, Room 910

Interagency mail: Rudder Building
1019 Brazos Street, Room 214