

SALARY SUPPLEMENTATION REPORT FOR FY _____

(YEAR)

Agency/Institution name	Agency/Institution number
-------------------------	---------------------------

Name	Social security number
------	------------------------

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.

Name	Social security number
------	------------------------

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.

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