

**University of North Texas**  
**HRM-11 Task/Augmentation Pre-Authorization Form – Exempt Staff**

Complete the HRM-11 form and submit to the appropriate administrative authorities **prior to** the start of the requested work. **Human Resources must review and authorize all supplemental requests in advance.** The request will not be considered without all required signatures. If approved, an ePar must be submitted and processed for payment of the supplemental compensation. Approved form must be attached to the ePar. **NOTE: Submit only ONE employee name and ONE task or augmentation assignment per form. Multiple task payments to an employee will require a separate HRM-11 for each payment. Reference [System Regulation, 3.2000 - Supplemental Pay](#) for specific requirements related to task payments and augmentations or contact UNT Campus Human Resources at 940-565-2281.**

**I. Employee current position/department information:**

EMPL ID	Employee Name (Last, First)	Position Number	Job Classification	Job Code	Annual Salary	FLSA Status – (Exempt or Non-Exempt)	DEPT ID/ Project ID

**II. Paying department information:**

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Base Department Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_ Check one:  Task  Augmentation

**III. Information related to the specific task or augmentation:**

Estimated duration of work w/start & end dates: \_\_\_\_\_ Estimated hours of work: \_\_\_\_\_  
 Reason needed: \_\_\_\_\_

**For Task payments:** Task hourly pay rate: \_\_\_\_\_ **\*\*Note: Only exempt UNT employees are eligible for a task payment.**  
**For Augmentations-choose one option:** % of salary monthly salary adjustment requested: \_\_\_\_\_ **OR** Fixed dollar monthly salary adjustment requested: \_\_\_\_\_  
**\*\*Note: Augmentations shall not exceed 20% of the employee's regular base annual salary.**

Summary of current job duties. Briefly summarize the primary job duties of the employee's current role and include percentages of time spent typically performing each duty. Job duties with requiring less than 10% of time should be combined with other similar job duties.	% Time	Summary of additional job duties for task or augmentation.

Payment Account Holder – Date \_\_\_\_\_ Current Supervisor – Date \_\_\_\_\_ Department Head – Date \_\_\_\_\_  
 Dean or Director – Date \_\_\_\_\_ Vice President - Date \_\_\_\_\_ President – Date (where applicable) \_\_\_\_\_

<b>HR Use Only:</b>	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
_____	_____
HR signature	Date