State of Wisconsin
Department of Military Affairs
State Human Resources Office
DMA-3401 (C.02/2025)

Supplemental Pay Request for Exempt Employees

Wis. Stat. § 230.12

INSTRUCTIONS: This form should be used for all Exempt employees to request supplemental pay. Refer to DMA Policy DEPT 3401, Supplemental Pay for Exempt Employees, for further guidance. Requests must be submitted to DMAPayroll@widma.gov as soon as possible/prior to the need for supplemental pay, with limited exceptions.

If a request is denied by the Supervisor, WING Base Commander, Division Administrator, or Director, please continue routing to State Human Resources for further analysis.

SECTION 1

EMPLOYEE NAME (LEGAL FIRST & LAST NAME)	CLASSIFICATION / JOB TITLE
WORK UNIT / WORK LOCATION	
CALL-BACK/CALL-IN AUTHORIZED: ☐ YES ☐ NO START DATE: END DATE: START TIME: END TIME:	**STANDBY AUTHORIZED:** ☐ YES ☐ NO START DATE: END DATE: START TIME: END TIME:
NIGHT/WEEKEND DIFFERENTIAL AUTHORIZED: ☐ YES ☐ NO START DATE: END DATE: NIGHT QUANTITY: WEEKEND QUANTITY:	**OVERTIME:** ☐ PERMISSIVE ☐ MANDATORY **OVERTIME COMPENSATION:** ☐ CASH ☐ COMP TIME ☐ COMBINATION **MAXIMUM NUMBER OF OVERTIME HOURS REQUESTED:** START DATE: END DATE: START TIME: END TIME:
Use this space to provide any additional details around the work hours that can't be explained with the boxes above.	

SECTION 2

JUSTIFICATION FOR SUPPLEMENTAL PAY REQUEST: Requests for mandatory and permissive overtime must address the qualifying conditions indicated in DMA Policy DEPT 3401.

DISTRIBUTION: Original - DMA Payroll Supplemental Pay File

☐ Approve	☐ Deny
If denied, reason for denial:	
Signature:	Date:

☐ Approve	☐ Deny
If denied, reason for denial:	
Signature:	Date:

☐ Approve	☐ Deny
If denied, reason for denial:	
Signature:	Date:

☐ Approve	☐ Deny
If denied, reason for denial:	
Signature:	Date:

☐ Approve	☐ Deny
If denied, reason for denial:	
Signature:	Date:

REQUEST TRACKING NUMBER (ASSIGNED BY DMA PAYROLL)	