

# 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](mailto: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	
<b>CALL-BACK/CALL-IN AUTHORIZED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO START DATE:                      END DATE: START TIME:                      END TIME:	<b>STANDBY AUTHORIZED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO START DATE:                      END DATE: START TIME:                      END TIME:
<b>NIGHT/WEEKEND DIFFERENTIAL AUTHORIZED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO START DATE:                      END DATE: NIGHT QUANTITY: WEEKEND QUANTITY:	<b>OVERTIME:</b> <input type="checkbox"/> PERMISSIVE <input type="checkbox"/> MANDATORY <b>OVERTIME COMPENSATION:</b> <input type="checkbox"/> CASH <input type="checkbox"/> COMP TIME EXCEPTION <b>MAXIMUM NUMBER OF OVERTIME HOURS REQUESTED:</b> 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	
<b>JUSTIFICATION FOR SUPPLEMENTAL PAY REQUEST:</b> Requests for mandatory and permissive overtime must address the qualifying conditions indicated in DMA Policy DEPT 3401. If overtime compensatory time is being requested instead of cash payment, the justification should include why this request is being made as well as the date the compensatory time will be used by.	

**SECTION 3****ACTION RECOMMENDED BY SUPERVISOR**☐ Approve☐ Deny

If denied, reason for denial:

Signature:

Date:

**ACTION RECOMMENDED BY WING BASE COMMANDER, DIVISION ADMINISTRATOR, DIRECTOR**☐ Approve☐ Deny

If denied, reason for denial:

Signature:

Date:

**ACTION RECOMMENDED BY STATE HUMAN RESOURCES**☐ Approve☐ Deny

If denied, reason for denial:

Signature:

Date:

**ACTION RECOMMENDED BY STATE BUDGET AND FINANCE**☐ Approve☐ Deny

If denied, reason for denial:

Signature:

Date:

**ACTION RECOMMENDED BY THE ADJUTANT GENERAL**☐ Approve☐ Deny

If denied, reason for denial:

Signature:

Date:

REQUEST TRACKING NUMBER  
(ASSIGNED BY DMA PAYROLL)