

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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CONTACT PERSON AND PHONE NUMBER (Please type or print)

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

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AUTHORIZED SIGNATURE AND DATE

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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