

**SALARY SUPPLEMENTATION REPORT FOR FY \_\_\_\_\_**  
(YEAR)

Agency/Institution name	Agency/Institution number
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Name		
Title		
<b>*BASE SALARY</b>	<b>SUPPLEMENTAL AMOUNT</b>	<b>TOTAL</b>
\$	\$	\$
Salary supplementation sources		
<small>*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.</small>		

Name		
Title		
<b>*BASE SALARY</b>	<b>SUPPLEMENTAL AMOUNT</b>	<b>TOTAL</b>
\$	\$	\$
Salary supplementation sources		
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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