

**LSU Health Foundation New Orleans**  
**Approval of Salary/Supplemental Pay Request**

Select All Applicable:  Fringe Benefits  Salary  Supplemental Pay

Faculty Name: \_\_\_\_\_

Salary/Supplemental Pay: \$\_\_\_\_\_ Fringe Benefits: \$\_\_\_\_\_ Total: \$\_\_\_\_\_

Fund Number: \_\_\_\_\_ LSUHSC Project ID: \_\_\_\_\_

Fund Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

I attest that this payment conforms to the Board of Regents, Board of Supervisors and PM-69 policies and restrictions related to the fund and **does not supplant any base university salary compensation.**

\_\_\_\_\_  
Date Business Manager or Authorized Representative

This request has been reviewed by the Dean or authorized representative.

\_\_\_\_\_  
Date Dean or Authorized Representative

This request has been reviewed by the LSU Health Foundation, New Orleans. We anticipate adequate funds will be available in the indicated fund to support the payments.

\_\_\_\_\_  
Date Katie Acuff, Esq.  
President & Chief Executive Officer  
LSU Health Foundation New Orleans

This request has been reviewed by the Senior Vice-Chancellor of the LSU Health Sciences Center New Orleans.

\_\_\_\_\_  
Date David S. Guzick, MD, PhD  
Senior Vice-Chancellor  
LSU Health Sciences Center New Orleans