

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

Select All Applicable: Fringe Benefits Salary Supplemental Pay

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