

THE SCHOOL DISTRICT OF PHILADELPHIA
GRANT COMPLIANCE OFFICE (GCO)

Supplemental Payroll Modification Request

(To be Completed and Submitted to the Grant Compliance Office for Appeals to Supplemental Pay Denials)

A. Date of payroll event _____ B. Location: _____

C. Start time of event _____ D. End time of event _____

Type of event pay: EC PD Other (specify) _____

Name of Employee _____ Employee ID# _____

On the above-referenced date, Employee was not paid for event hours for the following reason: (define the situation that led to the employee NOT being paid)

As a result, Employee should be compensated for _____ additional hours at the indicated event rate.

Compliance Certification

We certify this Employee has worked the hours in question on the date and time indicated pursuant to the objective(s) of the funding source indicated. We certify that the information on this form is true, complete and correct*

EMPLOYEE SIGNATURE

DATE

EVENT LEADER SIGNATURE (onsite personnel
with first-hand knowledge of Employee's attendance)

DATE

ADMINISTRATOR SIGNATURE

DATE

Grants Compliance Approval

Approved ABC Code: _____

Denied

If denied, reason

Director (or designee)

DATE

This form must be kept on file to support future audits and investigations.

*Certification applicable under the Uniform Grant Guidance: *"I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise."* 2 CFR 200.415.