



# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

November 12, 2008

Ms. Trevia Cyrus, Instructor  
Whitlowe R. Green College of Education  
Health and Human Performance  
Prairie View A&M University  
Prairie View, TX 77446

Dear Ms. Cyrus:

At this time of transition, I am pleased that you have agreed to assist in the academic field of operation in the Health and Human Performance department effective November 16, 2008. You will receive a salary supplement of \$300.00 monthly.

The position reports to the Dean of the Whitlowe R. Green College of Education and is responsible for overseeing the maintenance of quality in academic programs and services; managing the allocation of human, material, and fiscal resources; ensuring compliance with policies, rules, and regulations; assessing outcomes of the educational program; and representing the Health and Human Performance department appropriately to internal and external entities. Given your contributions to teaching, research and services, as well as your commitment to the programs in the Department and the College, you are well equipped to undertake this important role.

Should you accept this official offer, and I trust you will, please indicate your acceptance on this document and return the original to me.

Sincerely,

Lucian Yates, III, Ph.D., Dean

- I accept this appointment  
 I do not accept this appointment

Signature 11.17.08  
Date

*jdm*

xc: Dr. George C. Wright, President  
Dr. E. Joahanne Thomas-Smith, Provost and Senior Vice President  
for Academic Affairs  
Mrs. Mary Lee Hodge, Vice President for Business Affairs  
Mr. Albert Gee, Director of Human Resources



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## Payroll Adjustment Form

(use tab key to advance to next area)

Employee Name: Trevia Cyrus Title: Instructor Code 7110 \*Exempt Y  N  x

UIN#: 613005401 Department Name: Health & Human Performance Account #: 172331

The following Payroll Adjustment is requested for the above employee:

Reason	Dates		Number of Hours		
	From	To	Reg Rate	O/T Rate	Total
Overtime Pay **					0.00
Docked Pay					0.00
Supplemental Pay	11/16/08	5/31/09			0.00

Explanation or Justification for recommended Payroll Adjustment:

Ms. Trevia Cyrus will assist in the academic operation of the Health and Human Performance dept.

November 16, 2008 through May 31, 2009. Total of \$2,400.00

11/16-30/08 \$300.00 3/1-31/09 \$300.00

12/1-31/08 \$300.00 4/1-30/09 \$300.00

1/1-31/09 \$300.00 5/1-31/09 \$300.00

2/1-28/09 \$300.00 6/1-30/09 \$300.00

\* According to System Regulations (31.01.09) Exempt employees are not covered by overtime provisions of FLSA and are not eligible for overtime pay. Refer to APM 60.11 for Non-Classified (Exempt) Title Codes - PVAMU website.

### Signature Approvals:

Trevia Cyrus 11.13.08  
Employee Date

[Signature]  
Dean/Director Date

[Signature]  
Supervisor Date

[Signature]  
Vice President Date

[Signature]  
Department/Unit Head Date

[Signature]  
Chief Financial Officer  
Finance & Administration Date

### FOR OFFICE USE ONLY

Enc'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: May 2, 2008

Original to Payroll WR Banks Room 114  
Payroll Fax 936-261-1955

**REQUEST FOR SUPPLEMENTAL PAY**

**Employee Name:** Trevia Cyrus **SS#** 613005401

**Title:** Instructor (7110) **Funding Source (Acct#)** 172331

**Duration of Task or Activity** 11/16/08 - 5/31/09 **Supplemental Pay Amount** \$ 2,400.00

**Justification for Request** Ms. Cyrus will assist in the academic operation of the Health and Human Performance Department.

**Employee Certification**

I hereby certify that the above referenced duties are in addition to my normal duties and will be performed outside of my normal work hours. I further certify that the additional duties will in no way interfere with the performance of my regular duties.

Trevia Cyrus  
Employee

**Department Head Certification**

I hereby certify that the additional duties to be performed by the above referenced employee are outside his/her normal work duties and will be performed outside of his/her normal work hours.

Dalicia White  
Employee's Dept. Head

**Approvals**

[Signature]  
Employee's Dean/Director

[Signature]  
Requesting Dept's Dean/Director

\_\_\_\_\_  
Employee's Vice President

\_\_\_\_\_  
Requesting Dept's Vice President

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
President