	1	2	3	4	5	6	7	8	
Please enter approval levels in the following order:	Required	Required	Additional	Additional	Additional	Required	Required	Required	
(Routing sequence from left to right)	Financial	Department	Dept Chair		SOM Finance	AVP - HR	Budget	President	
	Manager	Head			See notes on (E)				İ
			See notes on	See notes on	(Elizabeth Badillo)				İ
			(C)	(A) & (B)	(Florarine Jones)				
					OR:				İ
					CFO Office				
					See notes on (F)				İ
					(Veronica Salazar)	(Jennifer Erickson)	(Vincent Lantican)	(Dr. Richard Lange)	ĺ
	(Fund Manager)	(Orgn Manager)			(Vanessa Solis)	(Nicole Zavala)	(Christina Delgado)	(Vanessa Solis)	
ADC (additional compensation) (exempt employees)	х	х	х		Х	Х	х	Х	1
consulting; drug study participants (exempt employees); outreach									İ
education; other activities									ĺ
TOD / additional assessment on an Endage I/Chata County									ł
TSP (additional compensation on Federal/State Grant)	х	Х	Х		х	Х	Х	х	1
AWD (cash award to employee) prizes					, v		, , , , , , , , , , , , , , , , , , ,		ł
(casii awaid to employee) prizes	Х	Х	Х		х	х	х	х	1
NTP (non taxable tuition pay)	Х	Х	Х		x	x	х	х	(D)
HIF (non taxable tultion pay)	, x	^	X		Α	X	Χ	X	(D
CLO (clothing allowance)	x	х			x	x	x	x	İ
ozo (ciotimis unowance)		^			^	^	^	^	İ
FOC (faculty on call (HSC only))	х	х	Х		х	х	х	х	İ
faculty night call pay/call coverage/weekend coverage	1					-		-	İ
LSP (lump sum payment)	х	х			х	х	х	х	İ
Relief Physicians	х	х			х	х	х	х	İ
drug studies participants	х	х			х	х	х	х	İ
project	х	х			х	х	х	х	
assignment	х	х			х	х	х	х	j
									j
MSC (non cash misc fringe benefit)	х	х	х		х	х	х	х	
									j
MOV (taxable moving expense) OP 72.18	х	Х	х		х	Х	х	х	j
									į
OTB (other taxable benefit)	х	х	х		х	Х	х	х	١
sign-on bonuses	Х	Х	Х	Х	Х	Х	Х		(A)
health care coverage (COBRA) reimbursement	Х	х	х		х	Х	х	х	ł
reimbursement>60 days of expense	х	Х	Х		х	Х	х	х	ł
CDA (special augmentation)									İ
SPA (special augmentation) physician incentive augmentation	Х	Х	Х	Х	x	x	х	x	(A)
year end bonuses	X	X	X	X	X	X	X		(A)
department administrators incentive augmentation	X	X	X	X	X	X	X	×	(A)
nurse managers incentive augmentation	X	X	X		X	X	X	X	
(eligible new employee not yet qualified for state health insurance)	X	X	X		X	×	X	X	1
resident special augmentation	×	X	X	Х	×	×	×		(B)
resident call pay	×	x	×	×	×	×	x		(B)

<sup>\*</sup> Please attach supporting documentation to EOPS or scan supporting documentation to BudgetElp@ttuhsc.edu - DO NOT SEND ORIGINALS.

<sup>\*\*</sup> Payee cannot be an approver. Proxy or supervisor may approve.

A - Research Department requests need to be signed by Dr. Clegg.

B - All resident EOPS need to be signed by Dr. Meza.

C - Assoc/Assistant Dean , Dean, or President can approve if Department has no Chair or if payment is for Chair or Assoc/Asst Dean.

D - If NTP is for HSC OP 70.47 \$300 Tuition Assistance Program on FOAP 183228-203301-60 please follow routing provided by HR El Paso included with the notice of approval.

E - All School of Medicine (SOM) requests need to be signed by Patricia McCarroll or proxy Elizabeth Badillo.

F - All non-SOM requests need to be signed by Veronica Salazar or proxy Vanessa Solis.