



REQUEST FOR ADDITIONAL COMPENSATION

(Complete form and secure approval IN ADVANCE of services being rendered)

Return Completed Form to: _____ Email: _____

I. EMPLOYEE INFORMATION Faculty Staff

Name: _____ College/Division: _____

Title: _____ Position Number: _____ Current Salary: _____

Home Department: _____ Current FTE: _____ Empl ID: _____

Date of Request: _____ Department Requesting Service: _____

Amount of Additional Comp: _____ Cost Center: _____ Position Number: _____

II. DESCRIPTION OF SERVICES (Check appropriate block and describe service)

Teaching Activities Special Services Other Special Projects

Activities to be performed:

When service is to be performed:

Dates: From: _____ To: _____ Times: From: _____ Times: From: _____

To be completed by Faculty only:

Normal Faculty Workload: Fall: _____ Spring: _____

Courses and activities presently scheduled to teach in applicable semester:

III. ADDITIONAL COMPENSATION REQUESTED BY: (Unit in which service will be provided)

Signature of Department Chair/Director/Dean Department Date:

IV. CERTIFICATION

I certify that this payment, cumulative with all other additional compensation payments, will not exceed \$15,000, or 20% of my 12 month salary, whichever is greater, in the current fiscal year as outlined in the Additional Compensation Policy.

Employee's Signature Date:

V. APPROVALS (Unit in which employee resides)

Chair/Supervisor Department Date:

Dean/Director College/Unit Date:

College/Division Administrator College/Division Date:

Vice President Department Date:

Employment Services and Operations Date:

* Requests for Additional Compensation for Staff require the Addendum and approval by Employment Services and Operations.

ADDENDUM TO REQUEST FOR ADDITIONAL COMPENSATION

To be completed by Staff only

(Not required of Faculty)

Approval of this request for additional compensation is contingent upon employee's agreement, as evidenced by his/her signature below, to the following conditions:

1. All work described on the accompanying form shall be done on the employee's own time.
2. If the employee must be absent from his/her regular duties in order to carry out the assignment for additional compensation, the employee shall report vacation time on the appropriate time reports for the day(s) he/she must be absent from those regular duties while carrying out this assignment.
3. If personal time or vacation cannot be used, the employee understands that he/she is required to devote no fewer than 40 hours to his/her regular job duties during the week the assignment for additional compensation is carried out and that his/her supervisor shall certify that he/she satisfied this requirement.

Employee's Signature

Date:

Chair/Supervisor

Date:

College/Division Administrator

Date: