

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 #: _____ Current Salary: _____

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

Date of Request: _____ Dept. Requesting Service: _____

Amount of Add'l Comp: _____ Cost Ctr: _____ Position #: _____

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

Teaching Activities:

Special Services:

Other Special Projects:

Activites to be performed:

When is service to be performed:

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

To be completed for Faculty only:

Normal Faculty Workload: Fall: _____ Spring: _____

Courses and activites 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 (or designee) Division Date

Human Resources * Date

* Requests for Additional Compensation for Staff require the Addendum and approval by Human Resources.

ADDENDUM TO REQUEST FOR ADDITIONAL COMPENSATION

To be completed for Staff only
(Not required for 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 and approval from the employee's supervisor is required.
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 request 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.

Employee's Signature

Date

Chair/Supervisor

Date

College/Division Administrator

Date