

**REQUEST FOR ADDITIONAL COMPENSATION**

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

**I. EMPLOYEE INFORMATION**

Faculty:

Staff:

Name: \_\_\_\_\_ College/Division: \_\_\_\_\_

Title: \_\_\_\_\_ Position Number: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Home Department: \_\_\_\_\_ Current FTE: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Dept. Requesting Service: \_\_\_\_\_

Amount of Add'l Comp: \_\_\_\_\_ Budget Number: \_\_\_\_\_ Position Number: \_\_\_\_\_

**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 \_\_\_\_\_ Division \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \* \_\_\_\_\_ Date \_\_\_\_\_

\* Requests for Additional Compensation for staff require approval by Human Resources.