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: [ ]
Activities 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 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 (or designee) ___________________________ Division ___________________________ Date ___________________________

______________________________
Human Resources *
Date ___________________________

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

Form rev. 5/14/2014 UHHR
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