

**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: \_\_\_\_\_ Dept. Requesting Service: \_\_\_\_\_

Amount of Add'l Comp: \_\_\_\_\_ Cost Center: \_\_\_\_\_ 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 (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.
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