**OCG Additional Compensation Addendum:**

**Justification For Additional Compensation paid from Grant funds or paid from non-grant funds while paid for regular job duties on Grant Funds**

When additional compensation paid from grant funds are not budgeted and approved by the sponsors or when an employee is paid on non-grant funds for additional duties during a period when compensated for regular duties from a sponsored project, an explanation is needed for approving the additional compensation and for requesting prior approval from the sponsor when the additional compensation is paid from the award funding source.

**Section 1: Demographic**

Employee Name**:**

Period of the Additional Compensation**:** Start Date:      End Date:

Estimated Additional hours per week for the additional activity**:**

List the sponsored project/s that the employee will be paid from during the additional compensation period:      .

**Section 2: Justification**

1. Why is this additional work necessary for the department or institution?

2. Why is the additional duty not being performed as part of regular pay by the employee or by another suitable employee in the department in a manner that would not result in additional compensation while working on a sponsored project?

3. Is the amount of additional pay reasonable compensation for the services performed?       Explain the basis for the salary computation

4. How would the additional duties not unjustifiably or unreasonably increase the cost to a federal award and not interfere with the work being done for the project.

5. Is all additional compensation to the employee, including this payment, within the additional compensation policy limit (cannot exceed $15,000 or 20% of the twelve month salary, whichever is greater, in a fiscal year) Yes       No

**Section 3: Compensation Amount**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Regular Monthly Pay (100% FTE)*** | ***Additional Comp Monthly Pay*** | Total |
| Payment Source (*grant/non-grant*) |  |  |  |  |
| Payment Amount |   |   |   |   |
| % Effort over all Payment source |  |  |   |  |

**Section 4: Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Principal Investigator Name/Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Chair/Dean Name/Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Vice President for Research Date

**Attachments include:**

Additional Compensation Request Form

Additional compensation Worksheet