

Additional Compensation Request Form

Instructions: Complete form and secure approval IN ADVANCE of services being rendered. Return completed form and direct questions to your Compensation Analyst, Office of Human Resources.

I. EMPLOYEE INFORMATION

DATE OF REQUEST:

Name:	Employee ID:	Job Title:
Department:	College/Division:	

II. PAYROLL INFORMATION

Additional Duties Start Date:	End Date of Additional Duties:	Payroll Effective Date:	Speed Type or Position Number:
Is this grant funded?	Employee Type:	Total Amount Requested:	
Note: Payroll amount must be approved before additional work is performed. The end date cannot be greater than 6 months or cross fiscal years.			

III. JUSTIFICATION (see page 2): Please specify the additional duties that will be performed including the amount of extra hours needed to perform these duties and if overtime hours are expected.

Note: Incomplete descriptions of service will delay the processing and or approval of the request.

IV. REQUIRED APPROVALS

Supervisor Name:	Signature:	Date:
Department Head Name:	Signature:	Date:
Senior Business Coordinator Name:	Signature:	Date:
If grant funded, OSP Approver:	Signature:	Date:
AVP Name:	Signature:	Date:
President/VP Name:	Signature:	Date:

For HR Use Only:

Status:	Amount:	HR Representative:
Justification:		
Comments:		

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Describe the additional services for which you are requesting payment:

Why is this additional work necessary?