

1. Access the Additional Compensation Request [form](#).
After the initiator opens the link (above or from HR webpage), they will be able to enter the details of the request.
2. **Initiator information:** this will be the name of the chair/supervisor completing the form for their employee.

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Chair/Supervisor

Your Name: *

Your Email: *

3. **Employee information:** this will be the name of the employee receiving additional compensation.

Employee

Name: *

Email: *

4. Names for Dean/Director, College/Division Administrator, and Vice President (or designee) will follow.

Dean/Director

Name: *

Email: *

College/Division Administrator

Name: *

Email: *

Vice President (or designee)

Name: *

Email: *

- Initiate the form by clicking **Begin Signing**.



- If the **Electronic Record and Signature Disclosure** appear, check the box to acknowledge. Click **Continue**.

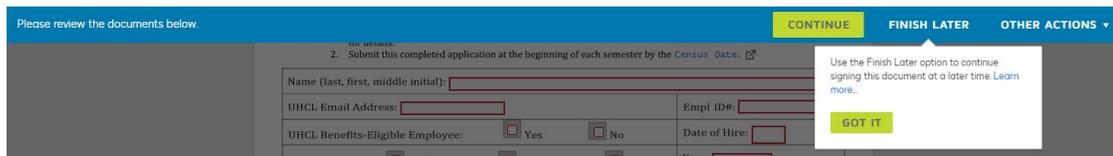
Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures. *

Change Language - English (US) ▾ Other Options ▾ **Continue**

Please follow the instructions to complete the form:

- Click **Continue** to begin.



- Complete the **required fields** for the employee receiving additional compensation and **sign**. Please note that the service must be performed outside of normal working hours.

I. EMPLOYEE INFORMATION

Name: College/Division:

Title: Empl ID: Current FTE:

Home Department: Current Salary: Position #:

II. DESCRIPTION OF SERVICES (Check appropriate box and describe service)

Teaching Activities Additional Duties Other Special Projects

Describe Activities to be performed:

When is service to be performed:

Dates: From To Times: From To

III. ADDITIONAL COMPENSATION AMOUNT (Fiscal Year)

\$ x = \$

Amount requested per month Number of months Cumulative amount

IV. CERTIFICATION

I certify that this payment, cumulative with all other additional compensation payments, will not exceed \$10,000 or 20 percent, whichever is lesser in the current fiscal year as outlined in the Additional Compensation Policy (MAP 02.B.13).

Abby Lyman  4/10/2025
Chair/Supervisor Signature Date

9. When finished, click the **Finished** button at the bottom of the screen. The document will be routed for signatures.



10. After all departments have signed the form, HR will send the final sign copy to the C/DBA for processing.