



## Request for Additional Compensation

(Complete form and secure approval IN ADVANCE of services being rendered.)

### I. Employee Information

Faculty

Staff

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Dept. \_\_\_\_\_

Requesting Dept \_\_\_\_\_

Date of Request \_\_\_\_\_

### II. Description of Services (Check appropriate type and describe service.)

Teaching Activity

Special Service

Other Special Service

Work Begin Date/Time	Word End Date/Time	Account #	Class #	Compensation Amount

#### Explanation of Service Provided:

**Employee:** Employee agrees to perform the identified services at the amount specified.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### III. Approvals (Departments in which employee will perform additional duties.)

**Approval of Department/Unit Requesting Service:** Approval indicates approval of the amount to be paid for identified service(s).

\_\_\_\_\_  
Director/Dean

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

**Approval of Home Department/Unit:** Approval indicates that total effort expended is not in conflict with employee's regular duties.

\_\_\_\_\_  
Director/Dean

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President/Provost

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date