

## Addendum A

## Request for Additional Compensation

**REQUEST FOR ADDITIONAL COMPENSATION**

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

**I. EMPLOYEE INFORMATION**Faculty: ☐Staff: ☐

Name: \_\_\_\_\_ College/Division: \_\_\_\_\_

Title: \_\_\_\_\_ Position Number: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Home Department: \_\_\_\_\_ Current FTE: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Dept. Requesting Service: \_\_\_\_\_

Amount of Add'l Comp: \_\_\_\_\_ Budget Number: \_\_\_\_\_ Position Number: \_\_\_\_\_

**II. DESCRIPTION OF SERVICES (Check appropriate block and describe service)**Teaching Activities: ☐Special Services: ☐Other Special Projects: ☐

Activities 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 activities 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 \_\_\_\_\_ Division \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \* \_\_\_\_\_ Date \_\_\_\_\_

\* Requests for Additional Compensation for staff require approval by Human Resources.

Form 4/27/01

**Addendum B****Addendum to Request of Additional Compensation**

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	_____ Date
_____ Supervisor	_____ Date
_____ College/Division Administrator	_____ Date

HR 4/17/97