



**ADDITIONAL COMPENSATION** (Signature required through Vice President) – *HR will complete account codes*

- Additional Compensation (documentation required) – Compensation for additional work performed  
 Eligible employees must be full-time faculty or full-time exempt staff  
 Additional compensation requests must be processed before work is performed. After-the-fact requests from sponsored accounts will not be recognized.

Complete information below **only** if employee is receiving additional compensation.

Is employee currently being paid from a sponsored account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it anticipated that the employee will be paid from a sponsored account during the time period requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes (if additional course is being taught, include course #)			

**APPROVALS/REVIEWS** – For all changes, two levels of approvals are needed (not including Financial Manager).

Department/College/School		Date
	Financial Manager (mandatory)	
	Dept Chair/Supervisor (or Designee with approval)	
	Next highest in supervisory chain of command (if not Dean/Director)	
	Dept Chair/Supervisor (only if dual appointment or other department is responsible for payment)	
	Dean/Director (mandatory - if applicable)	

**Forward completed form to Human Resources**

**For Internal Use Only**

Compliance Review		Date
	AAO	
	Human Resources*	
	Sponsored Programs Accounting (index check if sponsored account)	
Compliance with Sponsor Guidelines (only if applicable)		Date
	Sponsored Programs Office	
<input type="checkbox"/> Approval from sponsor received.		
Final Approvals - Obtained by HR		Date
	Provost or appropriate Vice President	
	President	

**For HR Use Only**

Position #		Step		Position Class	
Pay Grade		Benefits Category		Employee Class	
Leave Category		Changes Org Chart		Leave of Absence <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> With benefits <input type="checkbox"/> Without benefits
Job Code Reason		Time Sheet Org to		Home Dept Org to	
Pay Rate		Additional Compensation	<input type="checkbox"/> Supplemental <input type="checkbox"/> Non-recurring <input type="checkbox"/> Intra-univ consult		

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\* Leave of Absence Approval – Benefits Office \_\_\_\_\_