

Employee Name	Position Title	Department	Employee ID # and Record #
			Earnings code: <input type="text"/>

**A. Additional Compensation Limits and Payment**

Annual Base Salary: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_ **OR** Hourly Rate: \_\_\_\_\_  
 (only if timesheets required)

HR Account Code: Dxxxxxx (Speed Type)	Fund # xxxxx	Project/Grant # (if applicable)	Work Start Date	Work End Date

**B. How did you arrive at the above amount?**

\_\_\_\_\_

**C. Is the work:**

- a) outside of scope of current responsibilities and at a higher level?  Yes  No
- b) a substantial increase of work at the same level or lesser?  Yes  No

Please explain this determination and give a detailed description of work performed:

\_\_\_\_\_  
 \_\_\_\_\_

**D. Does this work fall within the scope of another employee's current responsibilities?**  Yes  No

If yes, what is the reason they are not being performed by that employee?

\_\_\_\_\_

**E. Additional work should not interfere with regular duties. Who will monitor this additional work?**

\_\_\_\_\_

**F. Signatures**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must have required approval signatures below before submitting to HR**

**Signature Approvals:**

1. Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ 4. Budgetary Authority: \_\_\_\_\_ Date: \_\_\_\_\_

2. Department Head: \_\_\_\_\_ Date: \_\_\_\_\_ 5. SPA (if grants): \_\_\_\_\_ Date: \_\_\_\_\_

3. Dean/Division Head: \_\_\_\_\_ Date: \_\_\_\_\_ 6. HR: \_\_\_\_\_ Date: \_\_\_\_\_