

**EXTRA COMPENSATION REQUEST AND APPROVAL**  
**THIS FORM MUST BE COMPLETED PRIOR TO THE ACTIVITY**  
**FOR WHICH THE INDIVIDUAL REQUESTS PAYMENT.**

NAME \_\_\_\_\_ COMPENSATION \$ \_\_\_\_\_

ID: \_\_\_\_\_ Position Number \_\_\_\_\_

OFFICE/DEPARTMENT          PAYING THE EXTRA COMPENSATION:

(Information **must** be provided)

Please be specific \_\_\_\_\_

KIND OF ACTIVITY: Type I \_\_\_\_\_ Type II \_\_\_\_\_  
(Non-credit activities, self funded) (Academic credit activities)

SPECIFIC ACTIVITY \_\_\_\_\_  
(Please show course number/title **if credit activity.**)

DATES \_\_\_\_\_ DAY AND TIME \_\_\_\_\_

LOCATION: ON CAMPUS \_\_\_\_\_ OFF CAMPUS (where?) \_\_\_\_\_

SOURCE OF FUNDING: Student Fees \_\_\_\_\_ Other (explain) \_\_\_\_\_

Grant \_\_\_\_\_

I hereby request extra compensation for the above named activity and certify that this activity will not interfere in any way with regular teaching, research, service, or advising responsibilities.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

By approval of this request, the department chair/supervisor and dean certify that the above named individual is working a full load, that the activity for which additional compensation is requested is beyond the normal expectations of his/her position, and that other requirements of the extra compensation policy will be met.

APPROVED:

\_\_\_\_\_  
Department Chair/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official of Office/Department paying extra compensation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor/Vice President (appropriate area)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President for Finance and Administration

\_\_\_\_\_  
Date

**\* Please print a copy for yourself before forwarding**