ADDITIONAL COMPENSATION FOR EXISTING EMPLOYEE

(This form may NOT be used for on-going payments to hourly employees. A time card will be required.)

DATE _____ EMPLOYEE ID#_____

EMPLOYEE NAME _____

REASON FOR PAYMENT (Attach additional documentation if space is inadequate):
Service performed _____

Describe SPECIFICALLY how this activity is outside recipient's normal duties _____
_____

Total Hours spent on assignment _____ Designate date and hours per day and week(s) below.

NOTE: FACULTY WHO WILL BE COMPENSATED FOR PERFORMING DUTIES PER THIS FORM NEED NOT COMPLETE THE WEEK SCHEDULE(S) BELOW.

Week of _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Days and hours worked on normal duties:							

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**Days and hours worked performing service beyond the normal duties:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Amount to pay $ _____ How was rate determined? _____

Proposed date(s) to issue payment_____ Actual date(s) of payment _____
(Every effort will be made to pay on dates listed, but nothing is guaranteed. Attach schedule for multiple pays.)

GENERAL LEDGER ACCOUNT TO CHARGE _____
(Payroll only processes from accounts ending with 50011, 50012, 50014, 50021, 50022, 50023, 50024, & 50026)

(See back side for instructions.)

REQUIRED SIGNATURES:
EMPLOYEE:
PERSON IN AUTHORITY (Supervisor):
DEAN or VICE PRESIDENT:
PROVOST (For faculty pay requests):
GRANT SPECIALIST (For grant pay requests):

PAYROLL USE ONLY: Does overtime rate apply? _____Yes _____No
If yes, verify rate of pay: Employee hourly rate _____ x 1.5 x hours stated above = _____

HUMAN RESOURCE REVIEW: _____ DIR OF BUDGET REVIEW: _____

FORWARD THIS REQUEST TO PAYROLL DEPARTMENT, KRETZMANN HALL, ONLY AFTER ALL REQUIRED SIGNATURES, REVIEWS & APPROVALS ARE OBTAINED. NO PAYMENT WILL BE MADE WITHOUT THEM.

(See back side for instructions.)