

**SUPPLEMENTAL COMPENSATION FORM**

Amendment for Faculty, Administrators with Faculty Rank, and Eligible Staff on Sponsored Programs

Date Submitted: \_\_\_\_\_

Funding Department: \_\_\_\_\_

**MUST submit to ORSP  
30 days prior to the start  
of service for processing  
& fiscal approval**

**Department's need for services and the description of services to be performed by the employee** (Must be tied to the objectives of the grant, contract or project. Attach additional sheet if necessary).

**Employee's Information: FAILURE TO COMPLETE IN ITS ENTIRETY WILL DELAY PROCESSING**

Name: \_\_\_\_\_  
 Employee Title: \_\_\_\_\_  
 Employee ID#: \_\_\_\_\_  
 Employee Phone: \_\_\_\_\_  
 Highest Degree Earned: \_\_\_\_\_  
 Employee Classification:  Faculty:  10 Month  12 Month OR  
 Staff:  Full-time  Part-time  
 Employee Signature: \_\_\_\_\_

Annual Academic/Fiscal Salary: \$ \_\_\_\_\_

Term of Service: (Double click on the boxes to mark.)  
 Fall  Spring  Summer

Total amount of supplemental compensation received this semester to date: (NOT including amount requested on this form):  
**To be completed by ORSP ---->** \$ \_\_\_\_\_

I will perform the duties as described above. The number of hours below reflect the work time required for the services to be performed outside my normal work day or while I am on annual leave.

**Method of Payment: (subject to performance of services)**

Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Total Amount Requested: \_\_\_\_\_  
 Proposed Date To Be Paid: \_\_\_\_\_  
 Title III Grant:  Yes  No      State Funds :  Yes  No

**Eligibility Criteria (BOR 5.3.2)**

1. Duties must not be included in employees normal job responsibilities
2. Tasks need to be performed after normal business hours
3. Task must be outside the employees regular department
4. The employee must be a Chaplain, Fireman, Dentist, Certified Oral or Manual Interpreter for Deaf Persons, Registered Nurse, Licensed Practical Nurse, Psychologist, Teacher or Instructor of an evening or night course or program. Professional holding a doctoral or master's degree from an accredited college or university, or a Part-time employee

Projected Dates of Services: \_\_\_\_\_  
 Estimated Hours To Be Worked: \_\_\_\_\_

**Principal Investigator (PI)/ Director of Sponsored Program Approval:**

The PI/Director is responsible for assuring that the Office of Research and Sponsored Programs (ORSP) and Office of Budgets and Contracts (OBC) have received written approval from the funding agency (agencies) authorizing payment of supplemental compensation as part of the award documents. **Please note that documentation of allowability of supplemental compensation by the agency within the confines of the sponsored activities must be attached to this form.**

PRINT HERE PI/Director _____ _____	SIGNATURE PI/Director: (attest to the above) _____ _____	Date: _____ _____
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**Academic Approval:**

Additional compensation is permitted when the work is carried out in addition to a normal full work load; no other qualified person is available to carry the work as part of his/her normal work load; and the additional duties do not interfere with performance of regular duties. Additional compensation for staff is subject to Section 5.3.2 of the BOR Business Procedures Manual on Extra Compensation, most notably that "the tasks must be outside of the employee's regular department".

Signature - Department Head:(attest to the above) _____ _____	Date: _____ _____
Dean _____ _____	Date: _____ _____

**Regulatory and Fiscal Approval:**

Assuring that funds are available as a separate line item in the budget on a grant, contract, etc., that have been awarded to the University.

Assoc. VP for Research and Sponsored Programs (attest to the above) _____ _____	Date: _____ _____
Director of Budgets & Contracts (attest to the above) _____ _____	Date: _____ _____
Vice President for Fiscal Affairs _____ _____	Date: _____ _____
Director of Title III (attest to the above) only required for Title III requests _____ _____	Date: _____ _____

**University Approval:**

Provost and Vice President for Academic Affairs _____ _____	Date: _____ _____
Director of Human Resources _____ _____	Date: _____ _____