

**Eastern Michigan University Additional Compensation Request Form
Academic Employees**

CURRENT EMPLOYMENT STATUS

EID _____ Last Name _____ First Name _____

Employment Classification (Select One):

Faculty (FA) Full-Time Lecturer (LE) Part-Time Lecturer (LL) Academic Admin (AP)

COMPENSATION

Exempt Employees (FA, LE, LL, AP): Total Amount of Compensation \$ _____
To be paid out in equal payments over the duration of the time period worked

Fund _____ Org _____ Acct _____ Prog _____ Activity _____ Location _____

Is this additional compensation request being paid from a grant? Yes No

TERMS OF EMPLOYMENT (FORM MUST BE COMPLETED AND APPROVED BEFORE WORK IS PERFORMED)

Describe (in detail) the specific work being performed:

Start Date _____ End Date _____ Approved Hrs Worked/Per Week _____

APPROVALS

Director/Department Head	_____	_____
	Signature	Date
Academic Human Resources	_____	_____
	Signature	Date
Grants Accounting (if applicable)	_____	_____
	Signature	Date
Provost's Office	_____	_____
	Signature	Date

College of Arts & Sciences Office of the Dean: Date Received: ____/____/____ Approved by: _____

(For HRIS): Pay Period: SF ____ Pay Period Start Date _____ Number of Pays ____ Pay Period End Date _____