

EASTERN MICHIGAN UNIVERSITY
ADDITIONAL COMPENSATION APPROVAL REQUEST FORM

CURRENT EMPLOYMENT STATUS

Last Name _____ First Name _____ Email _____ Employee ID # _____ Appt % _____

Job Title _____ Home Department _____

AP AH AC CA CS FA LE FM CP PS PT PE GA ST

Note: LL Classifications (Part-Time and Adjunct Lecturer use PAF process.)

ACCOUNT INFORMATION

This Expense: Fund _____ Org # _____ Account _____ Program _____ Activity _____ Location _____

Home Dept: Fund _____ Org # _____ Account _____ Program _____ Activity _____ Location _____

TERMS OF EMPLOYMENT

Describe the specific work being performed or attach documentation:

Dates Worked: From _____ To _____

Payment Method

For AH, CA, CS, CP, FM, PS, PT, GA or Student:

Base Hourly Rate of Pay \$ _____ x Hours _____ x 1.5 OT (if applicable) = Total Payment \$ _____

Attach hours record spreadsheet (date(s) & hour(s)). Contact the Director, Compensation & Employment 7-3430.

For AC, AP, FA, LE, PE:

Lump Sum Fee (only if exempt employee) \$ _____

ADDITIONAL COMPENSATION TYPE:

Supplemental Pay. Current employee performing a function or service **outside of current position scope** to another department or account on own time, (e.g. staff teaching assignments, working at events, facilitating workshops.) The requested payment includes an appropriate amount for overtime resulting from combined regular and supplemental work on each day or week.

Home Supervisor Approval Signature _____

Student Supplemental Pay

Collective Bargaining Agreement Contractual Payment. Activities or duties outlined in a collective bargaining agreement (e.g. royalties, attending meetings, or coursework).

Employment Contract Payment. Payment outlined in an individual employee contract (e.g. commission, bonus).

APPROVALS PRIOR TO WORK BEING COMPLETED

- Account Manager for Expense

Signature _____ Date _____

- Director/Department Head

Signature _____ Date _____

- Dean (if applicable)

Signature _____ Date _____

- Divisional Executive (if applicable)

Signature _____ Date _____

- Grants Accounting (if applicable)

Signature _____ Date _____

- HR/UACDC

Signature _____ Date _____