

**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 or 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

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