

**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

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_