

**EASTERN MICHIGAN UNIVERSITY
ADDITIONAL COMPENSATION APPROVAL REQUEST FORM**

EMPLOYEE INFORMATION

Last Name _____ First Name _____ Email _____ Employee ID # _____ Appt % _____
 Job Title _____ Home Department _____
 AP AH AC CA CS FM CP PE PT PS

FUNDING INFORMATION

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

JOB ASSIGNMENT DETAILS

Describe the specific work being performed with supporting documentation:

Dates Worked: From _____ To _____

Non-Exempt Employees (AH, CA, CS, CP, FM, PT, PS): Additional Compensation Hourly Rate \$ _____

Must include dates and hours worked per week as an attachment. Please be advised that a blended overtime rate will be calculated by HR which will determine the total amount to be paid to employee.

Exempt Employees (AC, AP, PE): Total Amount of Additional Compensation \$ _____

To be paid out in equal payments over the duration of the time period worked

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.

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 NEEDED PRIOR TO WORK BEING COMPLETED

Requester/Originator of Add Comp	Signature	Date
Director/Department Head	Signature	Date
Grants Accounting (if applicable)	Signature	Date
Provost Office (if applicable)	Signature	Date
HR Compensation Department	Signature	Date