

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

**(Completed forms should be sent to your Human Resources Business Partner who will send to Compensation for signature and processing.)**

**EMPLOYEE INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_ Employee ID # \_\_\_\_\_ Appt % \_\_\_\_\_  
 Job Title \_\_\_\_\_ Home Department \_\_\_\_\_  
 Exempt: AC AP PE Non-Exempt: AH CA CS CP FM 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