

**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 PTL GA ST

**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, PTL:**

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 \_\_\_\_\_