

**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

Is this additional compensation being funded by any mechanism other than via the general fund? Yes* No

This Expense: Fund	Org #	Account	Program
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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

* Additional compensation requests that will not be funded via the general fund must be approved by Grants Accounting.