**Extra Compensation Request Form**

**Faculty** **– Extra Compensation is reported to the Commissioner of Higher Education**

**Non-Faculty** – **Extra Compensation is reported to the Commissioner of Higher Education**

**Letter of Appointments do not require prior approval**

**Employee Name**: **UM Id** (790)**:**  **FTE**:

Administrator  Professional  Faculty  Salaried Staff (**Hourly Staff not eligible**)

Unit:       Department:       Rank:

Form Prepared by:       Phone No.:

Index/Account No.:  Period of Assignment From:  To:

Project/Program for which extra compensation is sought and Duties:

|  |
| --- |
| **TO BE COMPLETED BY ALL DEPARTMENTS**  Compensation amount requested is:  Estimated  Actual  Extra Compensation Duties:  Summer Teaching  Summer Research  Additional Teaching  Additional Research  Speaking  Project Management/Writing  Other: |

**Extra Load**:  **Teaching**  **Research**  **Other**:

This payment is for a task not normally assigned as a part of workload and is based on the employee’s AY (base / 190) or FY (base / 260) daily rate. Requests that are not based on the daily rate will be returned to the originating department and will ***NOT*** be processed.

Course or On-line course:  Credits assigned:

AY or FY Contract Amount: $ Daily Rate: $ or Hourly Rate: $

Number of days or hours scheduled:  days or  hours

Total Compensation Requested: $

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**Continuing Education**:  **Winter**  **Summer**  **Self-Supporting/External**

This payment is contracted with Continuing Education for self-supporting activities, external courses, on-line courses, Winter or Summer session courses that are not part of the faculty member’s AY contracted duties.

Course or On-line course:       Credits assigned:

Total Compensation Requested: $

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The employee cannot be released from their duties and these extra compensation duties are outside the scope of the employee’s regular duties.

**Required Signatures:**

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

**Extra Compensation Project/Program Director Printed name Date**

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

**Employee Printed name Date**

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

**Employee’s Chair/Dean/Director Printed name Date**

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

**Provost or Vice President for Research and Development Printed name Date**

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**For HRS use only:** Type of Compensation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Dates and Amounts

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