Academic Affairs
UM-St. Louis

Last Updated 03/09/00

Extra Compensation Authorization Form

To be completed by unit requesting authorization to provide extra compensation to a faculty or exempt staff member for assigned services:

Requesting Unit

9 Continuing Education and Outreach
9 Evening College
9 Department: _____
9 Video Instruction Program
9 Honors College
9 Other: _____

Name of faculty/staff member _____

Proposed Assignment _____

Duration of Assignment _____ Proposed Compensation _____
Dates or semester

Rationale for extra compensation _____

_____

Request submitted by _____ _____
Name Title

_____ _____
Signature Date

To be completed by cognizant chair/unit director (if any) and dean or vice chancellor

I/we approve the requested payment of extra compensation and certify that the named faculty member
Will not be on leave during the period of the proposed assignment,
Has an assigned workload sufficient to justify payment of extra compensation for the proposed assigned duties,
The proposed payment 9 will 9 will not result in the specified faculty/staff member receiving more than 20% of her or his base salary as extra compensation during the specified fiscal year.

9 Department/Unit Chair or Manager 9 Cognizant Dean or Vice Chancellor

I/we do not approve the requested payment of extra compensation.

9 Department/Unit Chair 9 Cognizant Dean or Vice Chancellor

Comment:_____

_____

Department/Unit chair: _____ _____ _____
Name Signature Date

Cognizant Dean/VC _____ _____ _____
Name Signature Date

RESET