

Request For Additional Pay/Extra Compensation for STLOU

This form must be submitted prior to work being completed. All forms totaling \$1,000 or more will require Provost's approval

EmpID	Employee Name	Title	Business Unit	Home Department
Salary (Annual)	Please Indicate: <input type="checkbox"/> Academic:	Monthly Exempt Staff 9 month or <input type="checkbox"/> 12 month	Proposed Amount of Additional Pay/Extra Compensation:	Dates Work Performed:
Type of Additional Pay/Extra Compensation Activity <input type="checkbox"/> Teaching on Overload Basis <input type="checkbox"/> Other		Extra Comp Grant Funded <input type="checkbox"/> Yes <input type="checkbox"/> No	MoCode & Account:	
Requesting Department & Contact Name:				

Justification: (Specifically describe what extra comp is for, e.g., teaching course # _____ with _____ students, enrolled for _____ semester and provide justification.)

Academic Only Normal Teaching Load

(completed by home department)

Courses Taught Semester of Extra Comp Request	Credit Hours/Course	Number of Sections	Number of Students Enrolled

Other Regular Responsibilities

Research:

Service: (e.g. student advisement, staff duties, etc.):

Exempt Administrative, Service & Support -

(describe how this assignment is in addition to the employee's normal working responsibilities)

Will work be performed outside of employee's normal work hours? Yes No

Does the additional pay/extra compensation exceed 20% of employee's annual salary for the year? Yes No If yes, by what amount? \$ _____

Approvals

Requesting (funding) Department (print/signature) Date

(Home Campus) Dean/Director/Unit Head (print/signature) Date

Home Department (print/signature) Date

(Home Campus) Provost or Designee (print/signature) Date

Unit Business Manager (print/signature) Date