

# Request for Extra Compensation for ETSU Employee

Name: \_\_\_\_\_ E#: \_\_\_\_\_

Title of Employee: \_\_\_\_\_ Dept: \_\_\_\_\_ Box #: \_\_\_\_\_

Position Type: \_\_\_\_\_ *Extra comp. for support staff must receive prior approval from Human Resources.*

Payment Frequency: \_\_\_\_\_ Total Amount to be Paid: \$ \_\_\_\_\_

If Monthly – Amount Monthly: \_\_\_\_\_ *Payment Start* \_\_\_\_\_ *End* \_\_\_\_\_

Benefits Source: \_\_\_\_\_ Charge to: Index \_\_\_\_\_ Account Code \_\_\_\_\_

- **Total includes benefits:** The amount listed on the form is the total amount that will affect the budget. *Employee's gross wages are usually LESS THAN this amount.*
- **Fund will pay benefits:** The amount that will affect the budget will be greater than the listed amount. *Employee receives this amount as gross wages.*
- *For further details contact the payroll department at 439-5320.*

Rate was determined by: \_\_\_\_\_

Work performed (e.g. Non-Degree Teaching or Summer Research—Attach documentation if available): \_\_\_\_\_

Dates work was performed: *Start* \_\_\_\_\_ *End* \_\_\_\_\_

*(Work must be completed prior to payment being made.)*

Contact name and number: \_\_\_\_\_

## List All Earned Extra Compensation This Fiscal Year:

Amount: \$ \_\_\_\_\_ Work Performed: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Work Performed: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Work Performed: \_\_\_\_\_

**Employee's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPROVALS:

\_\_\_\_\_  
Direct Supervisor Date

\_\_\_\_\_  
Funding Department Head Date

\_\_\_\_\_  
Funding Dean/Director Date

\_\_\_\_\_  
Funding Vice President Date

\_\_\_\_\_  
Grant Acct. or Foundation for Funding Dept. Date

\_\_\_\_\_  
Budget and Fin. Planning for Funding Dept. Date

\_\_\_\_\_  
\*Office of Financial Services Date  
(Dual Services Contracts only)

\_\_\_\_\_  
Human Resources Date

\_\_\_\_\_  
\*\*Equity and Diversity Date

\_\_\_\_\_  
\*\*President (Faculty/Admin) or Date  
Vice President of Fin. & Admin. (Support Staff)

*\* Dual Services Payment can not be made until after contract ends and contractor payment is received.*

*\*\*Signatures required only if amount is in excess of \$5000 for one-time or for total requests for one individual within a fiscal year.*

## ***Definitions and Instructions***

**Name:** Legal name of employee

**E#:** Banner ID

**Title of Employee:** List your title

**Dept:** List your department

**Box #:** List your campus PO Box number

**Position type:** Use drop down box to select Administrative/Faculty or Support Staff (HR must give prior approval) or Medical Resident

**Payment frequency:** Use drop down box to select whether the extra pay is for a 'one-time payment' or an ongoing 'monthly' payment

**Total amount to be paid:** List the amount of the 'one-time' payment or an annual amount for a 'monthly' payment

**If Monthly-Amount monthly:** Enter amount to be paid each month

**Payment Start/End date:** Record the date the payment should begin and end. If ongoing, leave blank unless the end date is known.

**Benefit Source:** Use drop down box to select 'total includes benefits' or 'fund will pay benefits'

- **Total includes benefits:** The amount listed on the form is the total amount that will affect the budget. *Employee's gross wages are usually LESS THAN this amount.*
- **Fund will pay benefits:** The amount that will affect the budget will be greater than the listed amount. *Employee receives this amount as gross wages.*
- *For further details contact the payroll department at 439-5320.*

**Charge to:** List the index and account code (example: 61215) that the extra compensation is supposed to be charged to

**Rate was determined by:** List method used to establish the amount employee is to receive.

Example: Determined by grant  
Based on hourly rate of pay  
Based on percentage of current salary  
Agreement between \_\_\_\_\_ & \_\_\_\_\_

**Work performed:** List duties or responsibilities associated with the extra compensation

**Dates work was performed:** Record the dates of when the work was started and finished

**Contact name and number:** List information for the person who can answer questions related to this form

*For more information, please review [PPP-07](#) or contact Human Resources at 423-439-4457.*