**Request for Extra Compensation for ETSU Employee**

**PAYROLL USE ONLY:**

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:**

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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)

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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 Faculty, Administrative, Professional 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’ stipend

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

**Payment Start/End date**: Record the date the payment should begin and end

**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 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*](http://www.etsu.edu/humanres/documents/PPPs/PPP-07-OutsideEmployExtraComp.pdf) or contact Human Resources at 423-439-4457.