



## SUPPLEMENTAL COMPENSATION FORM

Amendment for Faculty, Administrators with Faculty Rank, and Eligible Staff on Sponsored Programs

Please be sure to complete this form in its entirety before submitting for signatures.

MUST submit to ORSP 30 days prior to the start of service for processing & fiscal approval

Date Submitted: \_\_\_\_\_

Employee Department: \_\_\_\_\_ Funding Department: \_\_\_\_\_

Department's need for services and the description of services to be performed by the employee (Must be tied to the objectives of the grant, contract or project.

Attach additional sheet if necessary).

### Employee's Information: FAILURE TO COMPLETE IN ITS ENTIRETY WILL DELAY PROCESSING

Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Employee Phone: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Employee Classification: ☐ Faculty: ☐ 10 Month ☐ 12 Month or  
☐ Staff: ☐ Full-time ☐ Part-time

Employee Signature: \_\_\_\_\_

I will perform the duties as described above. The number of hours below reflect the work time required for the services to be performed outside my normal work day or while I am on annual leave.

Annual Academic/Fiscal Salary: \$ \_\_\_\_\_

Term of Service: (Double click on the boxes to mark.)

☐ Fall ☐ Spring ☐ Summer

Total amount of supplemental compensation received this semester to date: (NOT including amount requested on this form):

To be completed by ORSP Staff---> \$ \_\_\_\_\_

### Method of Payment: (subject to performance of services)

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Proposed Date To Be Paid: \_\_\_\_\_

Title III Grant: ☐ Yes ☐ No State Funds : ☐ Yes ☐ No  
Other Grants: ☐ Yes ☐ No

Projected Dates of Services: \_\_\_\_\_

Estimated Hours To Be Worked: \_\_\_\_\_

### Eligibility Criteria (BOR 5.3.2)

1. Duties must not be included in employees normal job responsibilities
2. Tasks need to be performed after normal business hours
3. Task must be outside the employees regular department
4. The employee must be a Chaplain, Fireman, Dentist, Certified Oral or Manual Interpreter for Deaf Persons, Registered Nurse, Licensed Practical Nurse, Psychologist, Teacher or Instructor of an evening or night course or program. Professional holding a doctoral or master's degree from an accredited college or university, or a Part-time employee

### Requested Compensation Not to Exceed

10% of institutional academic base salary for 10-month employees per semester  
7.5% of institutional base salary for 12 month employees per semester

### Principal Investigator (PI)/ Director of Sponsored Program Approval:

The PI/Director is responsible for assuring that the Office of Research and Sponsored Programs (ORSP) and Office of Budgets and Contracts (OBC) have received written approval from the funding agency (agencies) authorizing payment of supplemental compensation as part of the award documents. Please note that documentation of allowability of supplemental compensation by the agency within the confines of the sponsored activities must be attached to this form.

PRINT HERE PI/Director

SIGNATURE PI/Director: (attest to the above)

Date: \_\_\_\_\_

### Academic Approval:

Additional compensation is permitted when the work is carried out in addition to a normal full work load; no other qualified person is available to carry the work as part of his/her normal work load; and the additional duties do not interfere with performance of regular duties. Additional compensation for staff is subject to Section 5.3.2 of the BOR Business Procedures Manual on Extra Compensation, most notably that "the tasks must be outside of the employee's regular department".

Department Head:(attest to the above)

Date: \_\_\_\_\_

Dean

Date: \_\_\_\_\_

### Regulatory and Fiscal Approval:

Assuring that funds are available as a separate line item in the budget on a grant, contract, etc., that have been awarded to the University.

Assoc. VP for Research and Sponsored Programs (attest to the above)

Date: \_\_\_\_\_

Director of Budgets & Contracts (attest to the above)

Date: \_\_\_\_\_

Vice President for Fiscal Affairs

Date: \_\_\_\_\_

Director of Title III (attest to the above) only required for Title III requests

Date: \_\_\_\_\_

### University Approval:

Provost and Vice President for Academic Affairs

Date: \_\_\_\_\_

Director of Human Resources

Date: \_\_\_\_\_