

Extra Compensation Request Form

Proposal/account number (if known): _____

Period covered by this request: _____

Name of person requesting extra comp: _____

Department affiliation: _____

Funding agency: _____

Salary requested in proposal:

Academic (FTE): _____ Summer (# of days): _____ Extra comp (# of days): _____

Describe how the work to be performed is outside of your regular departmental load:

Describe how the extra comp will be for work either across departmental lines or involving a separate or remote operation:

Proof of agency approval by contracting officer (not program officer) is needed and must be attached.

I certify that the information above is accurate and complete, to the best of my knowledge. Total consulting and extra comp days will not exceed 39 days during the academic year and that this work will not conflict with my regular University duties and assignments.

Signature of faculty requesting extra comp

Date

Concurrence and approval:

Principal Investigator
(If different from person requesting extra compensation)

Date

Chair of Department

Date

Dean of College

Date

Vice President or Sr. Assoc. Vice President for Research

Date