

**REQUEST FOR APPROVAL**  
**EXTRA COMPENSATION FOR STAFF EMPLOYEES**

This approval form is written in accordance with University Policy 6.10 concerning **EXTRA COMPENSATION**. This policy states that except under extraordinary circumstances, professional staff are not entitled to extra compensation from the University for services performed for the University. In order for professional staff to receive extra compensation to perform services in addition to their normal workload, **the need for such services must be clearly established in writing and be in advance of the beginning semester (or term) in which those services are performed.** While the work is in progress the attached form must be completed, then returned to the supervisor for signature and submitted for decanal approval. The signed form must be attached to the submitted PAF.

When relevant, please be sure this form is filed as directed.

Request approval to pay \_\_\_\_\_  
(name)

\_\_\_\_\_, \_\_\_\_\_  
(title) (department)

a professional staff member, extra compensation in the amount of \$\_\_\_\_\_

for (describe work to be performed) \_\_\_\_\_

\_\_\_\_\_

during the following time period \_\_\_\_\_

Account name and number: \_\_\_\_\_

This is certification that this additional service cannot be performed by anyone else

within a normal workload. Explain: \_\_\_\_\_

Approved:

Date:

\_\_\_\_\_

\_\_\_\_\_ Immediate Supervisor

\_\_\_\_\_

\_\_\_\_\_ Dean, Dedman College

Name of Staff Employee: \_\_\_\_\_

Date of work	Clock-in time	Clock-out time	Total time worked
Example: Mon. Jan. 23	6:00 pm	9:00 pm	3 hrs.
		<b>Total Time:</b>	

\_\_\_\_\_  
Signature of Staff Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date