Internal Supplemental Compensation Approval Form

click here to clear form

The salary of regular, full-time faculty and staff members is intended as full compensation for job activities performed for the university. However, staff may be requested to render service for other units of the university and/or to perform duties that are substantially outside the scope or reasonable potential scope of the individual's position. In such instances, the individual may be eligible to receive supplemental compensation if release time is not a feasible option. Performance of work outside the individual's home unit is subject to the approval of the home unit.

For Faculty: No more than one business day per week may be spent on the combination of internal supplemental compensated appointments and outside compensated consulting activity requiring approval. Faculty should avoid any conflict or appearance of conflict between such activities and primary university responsibilities. Refer to the Office of Academic Affairs Handbook for Deans, Directors, and Department Chairs for additional information.

For Staff: Please refer to Policy 3.35, Supplemental Compensation Involving Work Within the University. Contact the Office of Human Resources, Consulting Services with questions.

Name: _____ Employee ID#:_____ ☐ Faculty ☐ Staff

Home Dept: _____ Home College/Unit/Regional Campus: _____

Unit Requesting Supplemental Services: _____

Description of Service:

_____

_____

_____

_____

Hours to be Spent on Supplemental Activity Weekly: _____ Total for AMCP Year: _____

Period of Supplemental Activity From: _____ To:_____

Amount of Compensation Requested: _____

Calculation of AMCP Year Compensation Limit:

(A) Individual's base compensation for current AMCP year $ _____

(B) Total supplemental compensation for this AMCP year $ _____

B divided by A = _____% Total supplemental compensation (B as a percentage of A) should not exceed 20%

I hereby certify that during the course of this supplemental activity, my primary duties, responsibilities, and professional development will not be adversely affected.

Faculty/Staff Signature _____ Date: _____

Requesting Department Approval _____ Date: _____

Requesting College/Unit Approval _____ Date: _____

Home Department Chair/Head _____ Date: _____

Home Dean/VP or Regional Dean* _____ Date: _____

Research Foundation: (if payment is from grant funding) _____ Date: _____

*Regional Campuses need only the Regional Dean's signature

RETURN THIS FORM TO YOUR HOME EMPLOYING UNIT.