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| C:\Documents and Settings\sharkins\Local Settings\Temporary Internet Files\Content.Outlook\5M52DODR\UM mark (2).jpg | **FACULTY SUPPLEMENTAL COMPENSATION REQUEST****EMPL CLASS 01,02,03 and 15****SEND FORM APPROVED BY EMPLOYEE, HOME, AND PAYING DEPARTMENTS TO HR COMPENSATION FOR FINAL REVIEW INCLUDE ANY RELEVANT DOCUMENTATION FOR REVIEW** **FULLY APPROVED CONTRACTS SHOULD BE SENT ALONG WITH SIGNED PAYROLL ADJUSTMENT FORM TO PAYROLL** |

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| **Employee Information:** |
| Name: |       | Employee ID# |       | Annual Salary: |       | Pay Group: |       |
| Title:  |       | Full-Time [ ]  Part-Time [ ]  FTE=      % |
| **Paying Department Information:** |
| School: |       | Department/Division Name: |       | Dept. Code: |       |
| Department Contact: |       | Contact Phone: |       |
| **Home Department Information:** (If different than Paying Department)**:** |
| School: |       | Department/Division Name: |       | Dept. Code: |       |
| Department Contact: |       | Contact Phone: |       |
|  |
| **Request Type: Check applicable Earnings Code**  |
| [ ]  EARNINGS CODE –Choose an item.  |
| [ ]  EARNINGS CODE –      :*Contact Compensation for instructions*,\*  |  *Work should not be performed until code is confirmed by Compensation.* |
| **START DATE**: |       | **END DATE:** |       |
| **\*Pre-approval required for professional consulting (for non-grant consulting only), any lump sum grant other than MHEC, secondary staff employment or secondary adjunct appointment; this form should be submitted to President/Designee for pre-approval before work begins.**  |
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| **Increased Responsibilities:**  |
| Provide a brief explanation describing the nature of the academic or administrative assignment to include duties, responsibilities, and purpose of the work to be performed and work location. Include relevant details required by policy for the type of payment being requested. Additional documentation may be provided if further space is needed.      |
| [ ]  Single task to be paid one-time lump sum | [ ]  Task to be performed and paid over time (one year maximum) |

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| **Payment Information (If more than 4 sources, please attach schedule of payments)** |
| Total Payment Amount: $      | Payment amounts are based on daily rate. |
| **Pay Period End Date:** | **Amount:** | **Funding Source:** | **Project ID or SOAPF #:** |
|       |       | [ ] State [ ]  Grant [ ] Other |       |
|       |       | [ ] State [ ]  Grant [ ] Other |       |
|       |       | [ ] State [ ]  Grant [ ] Other |       |
|       |       | [ ] State [ ]  Grant [ ] Other |       |

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| Required Approvals: Forms submitted 60+ days from date the work is performed should include a detailed explanation for the cause of the delay. |
| By signing in the designated areas below, I am verifying this request is in accordance with **the designated policies listed above and in compliance with effort** **Reporting requirements.**  |
| Faculty Signature:  |  | Printed Name: |       | Date: |       |
| Paying Department Authorized Signature: |  | Printed Name: |       | Date: |       |
| Paying Department Dean/VP Signature: |  | Printed Name: |       | Date: |       |
| Home Department Authorized Signature:(if different from Paying Dept) |  | Printed Name: |       | Date: |       |
| Home Department Dean/VP Signature:(if different from Paying Dept) |  | Printed Name: |       | Date: |       |
| President or Designee Signature: |  | Printed Name: |       | Date: |       |

 **Revised 8/2022**