

ADDITIONAL COMPENSATION REVIEW FORM

Request for additional compensation must be for duties that are clearly outside the scope of the employee's job. Employees cannot be compensated for duties that are within the scope of their job description. If non-exempt employees work additional hours, overtime and union rules apply. Exempt employees are not subject to overtime provisions but union and other rules may apply. Additional duties should meet the following minimum criteria:

- They should clearly be in addition to an employee's normal, on-going work assignment and must not be reasonably included in the scope of the current job description.
- They should have a beginning and end date. If the work is unrelated to an employee's primary employing department, this work should not interfere with the employee's regular responsibilities; this work will normally be performed outside the employee's regular work schedule.
- They must not interfere with employee's current responsibilities.

Initiator:		Title:				
Department:		Date: (format mm/dd/yyyy)				
ADDITIONAL COMPENSATION DETAILS						
Employee:		Title:				
Home Department:		FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non- Exempt				
Dates for Additional Duties		Method of Payment				
Begin Date: (format mm/dd/yyyy)		<input type="checkbox"/> One Time (paid after end date)				
End Date: (format mm/dd/yyyy)		<input type="checkbox"/> Biweekly (for period at left)				
<input type="checkbox"/> Work is being performed for employee's home department						
Describe additional duties (please provide full details, you may use additional sheets)						
Additional Duties Schedule - Enter the time(s) that the work will be performed						
Approximate total number of hours:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Remarks, if any:						
Are these duties related to grant work				<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, does this comply with grant requirements				<input type="checkbox"/> Yes		<input type="checkbox"/> No
Was this opportunity made available to other employees				<input type="checkbox"/> Yes		<input type="checkbox"/> No
<i>If yes, describe the process of selection; if no please provide the reasons</i>						
Recommended Compensation:						
How was this compensation determined?						
Initiator's Certification						
If work is being performed in employee's home department, certify here.			If work is being performed in department other than employee's home department, certify here			
Certified that the additional duties listed above do are not apart of and do not fall within the employee's current job. Employee will be performing the task outside her/his normal work hours.			Certified that this has the concurrence of employee's primary supervisor. The duties listed above are not related to employee's regular work, will not interfere with employee's regular work and will not be performed during employee's regular work hours			
Signature			Signature			

HR Review:		
Ethics	Employment	Compensation

TIME SHEET FOR ADDITIONAL COMPENSATION

(Must be submitted with PAFs for one time payments)

Date (mm/dd/yyyy)	Day	Time From (hh:mm)	Time To (hh:mm)	# of Hours Worked	Employee Initials

Certified that the employee has worked additional duties during the period as noted above.

Supervisor Name _____

Supervisor Signature _____

Date _____

Attach additional sheets if required.