



## REQUEST FOR ADDITIONAL COMPENSATION

### I. Employee Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Department: \_\_\_\_\_ Current FTE: \_\_\_\_\_

Department Requesting Service: \_\_\_\_\_

Amount of Additional Compensation: \_\_\_\_\_

### II. Description of Services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

### IV. Is this the first request for additional compensation this fiscal year? Yes \_\_\_\_\_ No \_\_\_\_\_

### V. Approvals

\_\_\_\_\_  
Home Department Supervisor Date

\_\_\_\_\_  
Requesting Department Supervisor Date

\_\_\_\_\_  
Human Resources Date

\_\_\_\_\_  
Budget Committee \*\* Date

#### Instructions:

1. Complete form and secure all approvals IN ADVANCE of services being rendered.
2. **Addendum to Request for Additional Compensation** form must be signed by employee and also attached to this form.
3. \*\*Total requests that may be expected to equal more than one month's wages (or salary) in a fiscal year must also be approved by the Budget Committee.