

EXTRA COMPENSATION FORM

Rev: 04/05/2010



Employee Section (generally initiated by payment department)

1. Name _____ 2. Title _____
3. Employee ID (BASIS ID) _____ 4. Position No. (PSB #) _____
5. Department/BU _____ 6. College/School/Unit _____
7. Activity to be Undertaken _____
8. Location of Activity _____
9. Activity Type (select one) Credit Instruction Non-Credit Instruction Service
10. Starting Date _____ 11. Ending Date _____

Certification Section (to be completed by employee's home department)

PLEASE NOTE: Signatures below serve as certification of the following criteria:

- 1) Employee is a full-time faculty member (12 SSCH or equivalent); a non-faculty, non-classified employee working a minimum of 40 hours/week during the period for which extra compensation is requested; OR a full-time, exempt (not eligible for overtime) classified employee.
- 2) Overload activity is outside the employee's normal realm of responsibility and will in no way conflict with his/her regular duties. (Preparation and conduct of the overload activity must occur at a time other than the normal work schedule, or annual leave must be taken.)

12. Department Head _____ 13. Date _____
14. Dean / Unit Head _____ 15. Date _____

Approval Section (to be completed and signed by department controlling payment cost center)

Completion of this section certifies that non-federal funds/non-state grant funds are available for extra compensation.*

16. Compensation Amount _____ 17. Cost Center # _____
18. Cost Center Name _____

Signatures below authorize payment from cost center indicated.

19. Department Head of 17 & 18 _____ 20. Date _____
21. Dean / Unit Head of 17 & 18 _____ 22. Date _____

*** If this activity is to be paid from federal or state grant funds, additional approval is required.**

Please follow instructions regarding RSSP approval. For additional information, contact pate@uark.edu, or call 575-4824.

Submit completed and signed Extra Compensation Form via campus mail to Human Resources, ADMN 222, fax to 479-575-6971, or e-mail to pate@uark.edu.

Payment Section (to be completed by Human Resources)

- Payment Code _____ Date Payment Authorized _____ Authorization for Payment _____
Chancellor's Designee