



PRE-APPROVAL form for Additional Compensation and Bonus Payments

Employee Name (Last, First, Middle Initial) Employee ID Empl Rec #
Employee's Home Department Funding Department

Section A - To be completed by EMPLOYEE or HOME DEPT
Additional Compensation Eligibility & Limits:

Faculty - Academic Basis Faculty - Admin Basis Professional Staff
FTE Annual Salary % Limit Total Limit

Other Additional Compensation Paid or Scheduled for Employee During this Calendar Year:

Table with 6 columns: Dates Additional Comp Paid, Total Amount Paid, Dates Additional Comp Paid, Total Amount Paid. Rows 1-4.

Section B - To be completed by EMPLOYEE or FUNDING DEPT

Type of Service: Teaching Sponsored Research Service
Type of Additional Compensation Requested: Bi-weekly payment for pay periods Lump-sum Bonus Payment
Total Amount Requested: Date Services are to be Performed: From To

How did you arrive at this rate of compensation?
Provide a detailed description of services and a justification for why services are beyond scope of employee's current responsibilities :

Will the additional duties be performed outside normally scheduled working hours or periods of responsibility? Yes No

Source of Funding: Trust Fund Grant/Sponsored Project Other

Table with 6 columns: HR Combo Code, Fund, Department, Project/Grant #, Grant End Date, Principal Inv.

Contact Person: Phone Number: E-Mail:

Section C - Approvals

Funding Dept Head/Director/Chair Date
Home Dept Supervisor/Director/Chair (if different from above) Date
Dean Date
Vice Chancellor/Provost Date