

Additional Compensation Eligibility Verification & Certification Form for Sponsored Agreements
*Must accompany the HR Authorization for Additional Compensation Request **PRIOR** to the Work Start Date*

Employee: _____ PI/PD: _____

Project Title: _____

Sponsor: _____ FOP: _____ - _____ - _____ (current awards only)

Answers to 1 & 2 are required.

1. **Description of Activity** (must be in sufficient detail for ORSP to assess sponsor approval)

Term: (begin) _____ (end) _____ Hourly pay rate: _____ # hours: _____ Total: _____

2. **Select if the activity is incidental OR intra-university consulting and check the boxes that apply.**

Incidental activities / short-term task assignments (one month or less)
Defined as: "work is clearly unrelated to current duties AND performed outside of normal work hours"
Select activity(ies) / task(s) - mark all that apply]
 preparation of on-line course(s) training institute / workshop for external entities
 other (describe) _____ delivery of off-campus services (to non-SFA)

OR

Intra-university consulting
Defined as: "in addition to the normal workload AND beyond professional courtesy"
 Work cannot be performed by persons receiving salary support from the grant or other salary support
AND [mark all that apply]
 across departmental lines work occurs at a separate or remote location

I certify that the above is true and correct.

Employee

Date

I certify that the above activities are outside of the contractual obligations or job description of the individual, the request is appropriate and will not adversely affect department functions.

Employee's Chair, Director, or Dean

Date

FOR ORSP USE ONLY (staff initial and date)

_____ The sponsor specifically approved additional compensation as described in:
 the submitted proposal budget other written documentation.

_____ This request clearly defines the incidental or consulting activity in sufficient detail to compare to the activities approved by the sponsor.