



Stephen F. Austin State University Authorization for Additional Compensation Services

"Additional Compensation" means a payment in addition to the base appointment salary for work that is clearly in addition to regularly assigned duties and that must be performed outside of normal working hours or during vacation or compensatory time, as appropriate.

SECTION I

Employee Name:

CID Number:

Employee's Primary Department:

Employee's Appointment Period:

12 month

9 month

Other

I wish to be approved to provide services for the Department of:

These services will consist of:

These services will begin on and end on:

Employee Signature

Employee's Primary Department Head Signature

SECTION II

I certify that funds are available to encumber this expenditure and that actual compensation may not exceed the approved estimate.

Total Amount to be Charged:

Account Name:

Account Number:

*If this is a "4000" account, it must be routed through Research and Sponsored Programs.

Account Manager's Signature

Account Manager's Dean/Director Signature

SECTION III

Director of Research and Sponsored Programs

Date

Total Amount Earned
During Current
Appointment Period:

*If "4000" account

Director of Human Resources Signature

Date

VP for Account Signature

Date

AVP for Budget and Finance Signature

Date