REQUEST FOR EXTRA COMPENSATION
FOR ADMINISTRATIVE AND PROFESSIONAL UNCLASSIFIED STAFF

This form must be completed and attached to the Employee Action Form in all cases where an administrator or staff member teaches classes.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Semester and Year:</td>
</tr>
</tbody>
</table>

List course(s) to be taught (may not exceed 6 cr. hrs. or 2 classes, whichever is greater):

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Title</th>
<th>Day(s)</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
</table>

Current supplemental contract work being performed (hours per week): ____________

If teaching will occur during the employee’s regular work hours, explain how the missed work hours will be made up: _____________________________________________________________________________________

I hereby certify that during the course of activity, my assigned duties, responsibilities and professional development will not be adversely affected:

Employee’s Signature  Printed Name  Date

Approvals:

Signature-Employee’s Direct Supervisor  Printed Name  Date

Signature-Employee’s Division Head  Printed Name  Date

Additional approval(s) required for employees whose full-time salary is paid from restricted funds:

Signature-Restricted Fund Project Director  Printed Name  Date

Signature-Director, OSPR  Printed Name  Date