

**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.

<b>Name:</b>	<b>Title:</b>
<b>Department:</b>	<b>Semester and Year:</b>

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

Course Prefix	Course Number	Title	Day(s)	Time	Location

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

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If teaching will occur during the employee's regular work hours, explain how the missed work hours will be made up: \_\_\_\_\_

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

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Employee's Signature	Printed Name	Date
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**Approvals:**

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Signature-Employee's Direct Supervisor	Printed Name	Date
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Signature-Employee's Division Head	Printed Name	Date
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**Additional approval(s) required for employees whose full-time salary is paid from restricted funds:**

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Signature-Restricted Fund Project Director	Printed Name	Date
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Signature-Director, OSPR	Printed Name	Date
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