



Request for Additional Compensation

Complete form and secure approval PRIOR to work being performed.

Return Completed Form to: _____ Email: _____

I. EMPLOYEE INFORMATION

Name: _____ College/Division: _____

Title: _____ Empl ID: _____ Current FTE: _____

Home Department: _____ Current Salary: _____ Position #: _____

II. DESCRIPTION OF SERVICES (Check appropriate block and describe service)

Teaching Activities Additional Duties Other Special Projects

Activities to be performed:

When is service to be performed:

Dates: From _____ To _____ Times: From _____ To _____

III. ADDITIONAL COMPENSATION AMOUNT (Fiscal Year)

Amt Requested \$ _____ Current Amt \$ _____ Cumulative Amt\$ _____

IV. ADDITIONAL COMPENSATION REQUESTED BY: (Unit in which service will be provided)

Signature of Department Chair/Director/Dean Department Date

V. CERTIFICATION

I certify that this payment, cumulative with all other additional compensation payments, will not exceed \$10,000 or 20 percent; whichever is lesser in the current fiscal year as outlined in the Additional Compensation Policy.

Employee's Signature Date

VI. APPROVALS (Unit in which employee resides)

Chair/Supervisor Department Date

Dean/Director College/Unit Date

College/Division Administrator College/Division Date

Vice President (or designee) Division Date

Human Resources * Date

* Requests for Additional Compensation for Staff require the Addendum and approval by Human Resources.



Request for Additional Compensation

08/08/2023 UHCL-HR

ADDENDUM TO REQUEST FOR ADDITIONAL COMPENSATION

To be completed for Staff only

Approval of this request for additional compensation is contingent upon employee's agreement, as evidenced by his/her signature below, to the following conditions:

1. All work described on the accompanying form shall be done on the employee's own time and approval from the employee's supervisor is required.
2. If the employee must be absent from his/her regular duties in order to carry out the assignment for additional compensation, the employee shall request vacation time on the appropriate time reports for the day(s) he/she must be absent from those regular duties while carrying out this assignment.

Employee's Signature

Date

Chair/Supervisor

Date

College/Division Administrator

Date

08/08/23 UHCL-HR