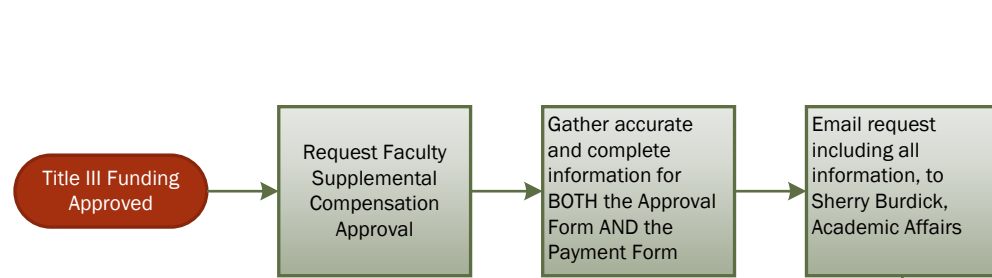


Title III Request Process for Faculty Supplemental Compensation Approval – as of 10-25-17

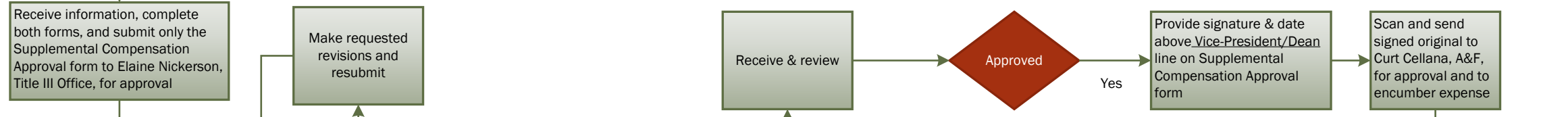
Requestor



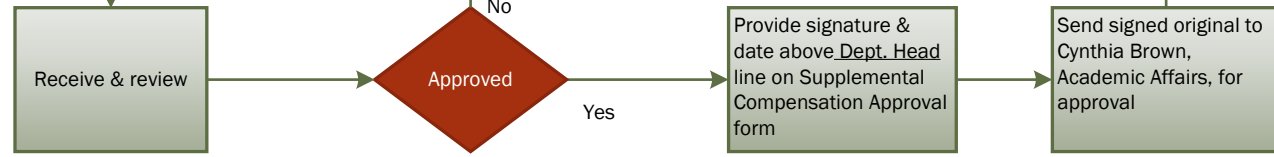
(1) Supplemental Compensation Approval Form – required information:
 Date: Prior to Start Date
 Form completed by: Academic Affairs/Sherry Burdick
 Employee name: Faculty member receiving supplemental compensation for Title III Time & Effort
 Department: Academic Affairs/Title III Office
 Account No.: request Title III account # from J. Dix, A&F
 Start Date: Date Title III work effort begins
 Completion Date: Date Title III work effort ends
 Description of Service: Scope of Title III work effort (as agreed by faculty member & Title III Activity Director and Activity Lead)
 Total Supplemental Compensation: supplemental payment in addition to base salary upon completion of work. # hours @ \$50/hour = Total Supplemental Compensation

(2) Payment Requisition Form – required information:
 Employee name: same as above
 Empl ID#: HR USE ONLY – do not need to include on form
 Approving Supervisor: Activity Director or Activity Lead
 Department: same as above
 Service Completed for Payment: same as “Description of Service” above
 Start Date: same as above
 Completion Date: same as above
 Payment Amount: same as Total Supplemental Compensation previously “approved”: # hours @ \$50/hour = Total Payment Amount

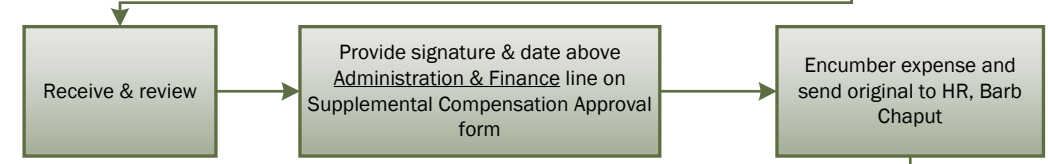
Academic Affairs



Title III Office



A & F



HR

