



Additional Compensation

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_  
(Last) (First) (MI)

Title \_\_\_\_\_

Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

Earnings End Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

**Earnings Code:**

ACE Continuing Education

ACP Professional Staff 12%

PRB Performance Bonus

Earnings Amount \_\_\_\_\_

Hours \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Goal Amount \_\_\_\_\_

HR Account Code \_\_\_\_\_

Description of Services

Signature of Department Head Director ▼ Date ▼

Signature of Dean/Vice-Chancellor ▼ Date ▼

To be completed by the Home Department

- Will the additional duties be performed outside of normally scheduled working hours?  Yes  No
- If not, will the employee be granted the use of vacation time, personal time, leave without pay?  Yes  No
- Additional compensation for this employee is:  Approved  Disapproved

Signature of Department Head Director ▼ Date ▼

Signature of Dean/Vice-Chancellor ▼ Date ▼

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