OFFICE OF
HUMAN RESOURCE MANAGEMENT

COMPENSATORY REQUEST

Employee Name: College / Department:

Business Title: Account(s) for Payment:

PAYMENT TYPE

☐ **One Time Payment:** used to compensate employees for short-term, one-time services to the University in addition to their scheduled job responsibilities.

Start Date: End Date: Total Payment:

Justification:

☐ **Compensation Change:** used when proposing permanent increase to an employee's base salary

Start Date: Proposed Base Pay:

Justification:

☐ **Period Activity Payment:** used to compensate FACULTY for course instruction over a defined period.

☐ **Professional Allowance:** used to compensate PROFESSIONAL employees only for course instruction and/or for additional temporary duties assigned

Employee Education: SELECT ONE

Start Date End Date

Course:	Course #:	Course Section:	N/A	Student Enrollment:	/	Pay:	FTE: 0.00%
Course:	Course #:	Course Section:	N/A	Student Enrollment:	/	Pay:	FTE: 0.00%
Course:	Course #:	Course Section:	N/A	Student Enrollment:	/	Pay:	FTE: 0.00%
Course:	Course #:	Course Section:	N/A	Student Enrollment:	/	Pay:	FTE: 0.00%

Justification for temporary allowance:

Additional Compensation:

APPROVALS

Direct Supervisor	Dean/ College Head	Vice Chancellor for Academic Affairs	Vice Chancellor for Business Affairs	Chancellor