Request For Additional Pay/Extra Compensation for STLOU This form must be submitted <u>prior</u> to work being completed. All forms totaling \$1,000 or more will require Provost's approval

EmplID	npIID Employee Name			Title			Business Unit	Home Department
Salary (Annual)	Please Indicate: Academic:	Monthly Exempt Staff 9 month or 12 month	Proposed Amount of Additional Pay/Extra Compensation:				Dates Work Performed:	
Type of Additional Pay/Extra Compensation Activity			Extra Comp Grant Funded Yes No MoCode & Account:					nt:
Teaching on Overload Basis Other			Requesting Department & Contact Name:					
Justification: (Specifically describe what extra comp is for, e.g., teaching course #withstudents, enrolled forsemester and provide justification.)								
Academic Only Normal Teaching Load (completed by home department)								
Courses Taught Semester of Extra Comp Request			Cı	redit Hours/Course	Nι	ımber of	Sections	Number of Students Enrolled
				I. B				
Contract Con								
Service: (e.g.student advisement, staff duties, etc.):								
Exempt Administrative, Service & Support - (describe how this assignment is in addition to the employee's normal working responsibilities)								
Will work be performed outside of employee's normal work hours?								
Does the additional	pay/extra compensatio	n exceed 20% of employee's ar	nual sala	ry for the year? Yes	s No If	yes, by	what amount? \$	
Approvals								
Requesting (funding) Dep	partment (print/signature)		Date	(Home Campus	s)Dean/Directo	or/Unit He	ad (print/signature)	Date
Home Department (print/signature)			Date	(Home Campu	us) Provost or D	esignee	(print/signature)	Date
Unit Business Manager (print/signature)		Date					•