

# Request For Extra Compensation

**This Form Must Be Attached To All Requests For Extra Compensation Which Total \$1,000 or More.**

EmplID	Name	Title	Business Unit	Home Department
Salary (Annual)	Please Indicate: <input type="checkbox"/> Staff <input type="checkbox"/> Academic <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month	Amount of Extra Compensation	Semester (or dates for extra compensation)	
Type of Extra Compensation Activity <input type="checkbox"/> Teaching on Overload Basis <input type="checkbox"/> Other		Extra Comp Grant Funded <input type="checkbox"/> Yes <input type="checkbox"/> No	Chartfield:	
Funding Agency:				

**Justification: (Specifically describe what extra comp is for, e.g., teaching course # \_\_\_\_\_ with \_\_\_\_\_ students, enrolled for \_\_\_\_\_ semester and provide justification.)**

### Academic Only Normal Teaching Load

Courses Taught Semester of Extra Comp Request	Credit Hours/Course	Number of Sections	Number of Students Enrolled

### Other Regular Responsibilities

Research: \_\_\_\_\_

Extension: \_\_\_\_\_

Publication: \_\_\_\_\_

Other (e.g., service, student advisement, staff duties): \_\_\_\_\_

### Administrative, Service & Support - List Current Responsibilities

\_\_\_\_\_

\_\_\_\_\_

### Approvals

Funding Department Signature	Date	(Home Campus) Dean/Unit Head or Designee/(Rolla) Vice Prov. Acad. Affairs	Date
Home Department Signature	Date	(Home Campus) Chancellor/Hospital CEO or Designee	Date
Additional Authorized Signature (if required)	Date	Employee Signature (optional)	Date