



# Stephen F. Austin State University Authorization for Additional Compensation Services

"Additional Compensation" means a payment in addition to the base appointment salary for work that is clearly in addition to regularly assigned duties and that must be performed outside of normal working hours or during vacation or compensatory time, as appropriate.

## SECTION I

Employee Name:

CID Number:

Employee's Primary Department:

Employee's Appointment Period:

12 month

9 month

Other

I wish to be approved to provide services for the Department of:

These services will consist of:

These services will begin on and end on:

to

Employee Signature

Employee's Primary Department Head Signature

## SECTION II

I certify that funds are available to encumber this expenditure and that actual compensation may not exceed the approved estimate.

Total Amount to be Charged:

FOAP (Account Number):

\*If this is a grant account, it must be routed through Research and Sponsored Programs.

Account Manager Signature

Account Manager's Dean/Director Signature

## SECTION III – Approval Signatures

Research and Sponsored Programs

\*If grant account

Date

Total Amount Earned  
During Current  
Appointment Period:

Budget Office

Date

Vice President

Date

Human Resources

Date