The University of Memphis

Extra Compensation Authorization & Payment Request

REGULAR EMPLOYEES ONLY — Not For Use For Temporary Employees

Notes: This form is not to be used for payments using stimulus funding.

Payments for temporary employees should use the Reappointment Form. GA payments should use Additional Assignment Form.

1. _____
Employee Name (Last, First, M.I.)

2. _____
Banner ID

3. _____ _____
Employee's Home Department **Timesheet Org**

_____ _____
Position No. **Suffix**
For Payroll Use Only

4. _____
Rank/Title

5. Describe services to be performed (be specific; attach additional sheet if necessary)**:**

6. Describe formula to determine total pay:_____

7. E-Class/Earnings Code/Account Code (Banner E-Class Summary)**:**

E-Class: F9

9-Month Faculty
Academic Year Extra Compensation
(For Summer Compensation use the Summer Compensation form)

Earnings Type	Earnings Code	Account Code	Earnings Type	Earnings Code	Account Code
____ Non-Credit Instruction	133	61252	____ Consulting Services	137	61250
____ Sponsored Research	135	61250	____ Public Service	138	61250
____ Other Services	136	61250	____ Dual Services Contract	139	61250
			____ Career Ladder	075	61250

E-Classes (check one): __ AD __ AM __ FA __ FD

12-Month (FY) Faculty/Staff
Fiscal Year Extra Compensation

Earnings Type	Earnings Code	Account Code
____ Non-Credit Instruction	133	61252
____ Other Services	136	61250/61650
____ Consulting Services	137	61250/61650
____ Dual Services Contract	139	61250
____ Public Service	138	61250/61650

8. Before services are performed, CERTIFICATION OF COMPLIANCE WITH UNIVERSITY PROCEDURES:

EMPLOYEE and HOME DEPARTMENT: We certify that the services to be performed are in addition to the normal duties and responsibilities of the regular job and will be performed outside of the regular work schedule. If not outside the regular work schedule, approved annual leave for this time has been scheduled and will be taken. We have read and will comply with University Policy for Extra Compensation. We also understand that excess payments for extra compensation may be returned to the University through payroll deduction.

a) _____ Employee Signature Date

b) _____ Signature of Employee's Home Department Head Date

9. Before services are performed, EMPLOYING DEPARTMENT (where services will be charged) completes the following:

a) **Index/Fund/Organization/Account Code/Program**	**Pay Per Month**	**Date Work Begins**	**Date Work Ends**	**Payment Date***
1. _____	$_____	_____	_____	_____
2. _____	$_____	_____	_____	_____
3. _____	$_____	_____	_____	_____

b) Contact person for FOAP Information: _____
Name **Phone #** **Email**

c) I certify that as the EMPLOYING OFFICIAL, I have ensured that the arrangements for this service and requested payments are in compliance with University policies and procedures and that funds are available for this payment. I understand that I am responsible for notifying the Payroll Office if the above work is NOT complete as described.

_____ Signature of Employing Chair/Department Head Date

_____ Signature of Employing Dean Date

10. After services are performed the signatures below are required:

a) **I certify that the above work has been completed and performed during the dates specified:**
Employee Signature: _____ Date:_____

As the EMPLOYING Officials, we certify that the services were provided as described above and that funds are available for payment.

b) Approved by:_____ Approval of Employing Chair/Activity Head

c) Approved by: _____ Approval of Employing Dean/Director

Forward the original completed and signed form to the appropriate office below:

- **For requests for multiple consecutive payments, forward this form to HR Records. Retain an additional copy for your records.**
- **For requests for single payments, forward this form to the Payroll requests. Retain an additional copy for your records.**

*PAYMENT WILL BE PROCESSED ON THE NEXT REGULAR PAYROLL AFTER WORK IS COMPLETED PROVIDED THAT THIS PROPERLY COMPLETED FORM IS RECEIVED IN THE SPECIFIED OFFICE NO LATER THAN THE FIFTH DAY OF THE MONTH TO BE PAID.