

The salary of regular, full-time faculty and staff members is intended as full compensation for job activities performed for the university. However, staff may be requested to render service for other units of the university and/or to perform duties that are substantially outside the scope or reasonable potential scope of the individual's position. In such instances, the individual may be eligible to receive additional compensation if release time is not a feasible option. Performance of work outside the individual's home unit is subject to the approval of the home unit.

**For Faculty:** No more than one business day per week may be spent on the combination of internal additional compensated appointments and outside compensated consulting activity requiring approval. Faculty should avoid any conflict or appearance of conflict between such activities and primary university responsibilities. Refer to the Office of Academic Affairs Handbook for Deans, Directors, and Department Chairs for additional information.

**For Staff:** Please refer to Policy 3.35, Additional Compensation Involving Work Within the University.

Contact the Office of Human Resources, Compensation with questions.

**SECTION 1: PERSONAL INFORMATION**

\_\_\_\_\_  
 Name Employee ID #  Faculty  Staff

\_\_\_\_\_  
 Home Department Home College/Unit/Regional Campus

\_\_\_\_\_  
 Unit Requesting Additional Services

Description of Service: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hours to be Spent on Additional Activity On Weekly Basis: \_\_\_\_\_ Total for AMCP Year: \_\_\_\_\_

Period of Additional Activity From: \_\_\_\_\_ To: \_\_\_\_\_

Amount of Compensation Requested: \_\_\_\_\_

**Calculation of AMCP Year Compensation Limit:**

(A) Individual's base compensation for current AMCP year \$ \_\_\_\_\_

(B) Total additional compensation for this AMCP year \$ \_\_\_\_\_

**B divided by A = \_\_\_\_\_%** Total additional compensation (B as a percentage of A) should not exceed 20%

**SECTION 2: CERTIFICATION**

I hereby certify that during the course of this additional activity, my primary duties, responsibilities, and professional development will not be adversely affected.

Faculty/Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Department Approval \_\_\_\_\_ Date: \_\_\_\_\_

Requesting College/Unit Approval \_\_\_\_\_ Date: \_\_\_\_\_

Home Department Chair/Head \_\_\_\_\_ Date: \_\_\_\_\_

Home Dean/VP or Regional Dean\* \_\_\_\_\_ Date: \_\_\_\_\_

Office of Sponsored Programs: (if payment is from grant funding) \_\_\_\_\_ Date: \_\_\_\_\_

\*Regional Campuses need only the Regional Dean's signature

**RETURN THIS FORM TO YOUR HOME EMPLOYING UNIT.**