

Yale SCHOOL OF MEDICINE

Faculty Compensation Above Salary Request Form

Faculty members in the School of Medicine may be paid for additional work such as on call pay, pay for additional shifts, lectures delivered to affiliated organizations or for taking on additional duties on an interim basis. Prior approval to pay defined, additional compensation in these circumstances must be obtained *before* this type of work is performed. For components that are defined in a department's compensation plan, approval of the compensation plan serves as the prior approval. In all other cases, prior approval must be obtained from the Dean's Office.

This form is to be used to request faculty compensation above salary for any arrangements that are not captured in a department's defined additional compensation plan. Prior approval for the arrangements must be obtained *before* an assignment begins.

Completed forms should be emailed to YSMF-AForms@yale.edu

Faculty Member: _____

Position/Rank: _____ Home Department: _____

Requesting Department (if different from Home Department): _____

In the space below, please provide 1) a comprehensive description of the work to be performed; 2) the basis for determining the payment amount and when pay should be received.

Additional Compensation Amount: \$ _____

Anticipated start and end dates of work: Start _____ End _____

Will this payment be charged to a sponsored award? ___ Yes ___ No

If yes, please attach the section of the proposal budget and budget justification submitted to and approved by the sponsor that identifies the individual and their role on the project.

YSM Dean's Office use only

Comments:

Approved: _____

Date: _____