

**Appendix E**  
**External Supplemental Compensation Form**

**THE UNIVERSITY OF ALABAMA-Culverhouse College of Commerce**

REQUEST FOR APPROVAL TO PAY **EXTERNAL** SUPPLEMENTAL COMPENSATION

**Supplemental Compensation must be approved in ADVANCE for each activity**

The purpose of this form is to request your approval for payment of EXTERNAL supplemental compensation for the individual listed below. The University policy on EXTERNAL supplemental compensation requires that the faculty or staff member obtain prior approval before undertaking activities that provide supplemental compensation.

Information on the Employee Receiving EXTERNAL Supplemental Pay			
Employee Name			
Employee CWID		Date of Request	
Employee's Home Supervisor		Employee's Home Department	
Employee's Current Status (check one)			
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
Employee's Current Classification (check one)			
<input type="checkbox"/> Faculty		<input type="checkbox"/> Staff	
Employee's Current Job Title			
Details			
Purpose of EXTERNAL Supplemental Compensation		Please provide details of the activity requiring supplemental pay and the institution or organization for which you will be working and where the activity will take place.	
Time Period – Specific days/dates to be engaged *		Please detail the period of service for this supplemental pay for the upcoming academic year. Please note if work is to be done only on weekends or holidays.	
Faculty/Instructor/Lecturer Teaching Loads		Please detail below the courses that the employee is teaching as part of his/her regular load during the period that he/she is requesting EXTERNAL supplemental compensation. Please include the course number, credit hours, times taught and <u>estimated enrollment</u> . If none – please state "none".	
Return completed and approved form to the individual below (please print/type )			
Name		Box/Address	
Approvals			
The University has the responsibility to assure that each faculty or staff member meets assigned duties acceptably before supplemental compensation is authorized. By signing this form, you are supporting this request. Please sign and forward as indicated below.			
Employee's Dept Head (approving the activity over and above the normal workload)		Date	
Employee's Dean/Director/Division VP		Date	
OAA Approval		Date	

\*Activities for EXTERNAL compensation on weekends & holidays are to be reported but not counted in the 39 allowable days for consulting as per the Faculty Handbook. Approval is not necessary for one-time external compensation activity if the activity takes less than half a day or if the compensation is no more than \$100.