

Appendix E

THE UNIVERSITY OF ALABAMA –Culverhouse College of Commerce

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

Supplemental pay must be approved in ADVANCE

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

Information on the Employee Receiving 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 Supplemental Compensation	Please provide details of the activity requiring supplemental pay. For instruction, please list the course #, credit hours and the time taught (ex. MWF 8-9). For consulting or other supplemental activity, please identify the nature of the work.		
Amount of Supplemental Compensation Requested	Please be sure that the compensation does not exceed UA policy limits. Full time faculty/instructors may receive up to 7.5% of their AY salary for one 3 hour course overload. The expectation is that requests for supplemental compensation will be for no more than one 3 hour course per semester. Please see UA policy for consulting daily rates.		
not to exceed UA supplemental policy limits			
Time Period	Please detail the period of service for this supplemental pay. (Ex. Fall semester, 8/16 – 12/31 or Jan 4-6, 2008) Be sure these approved dates are on the PA form.		
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 supplemental compensation. Please include the course number, credit hours, times taught and estimated enrollment . 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 and that compensation is not provided more than once for the same effort. 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	

A copy of this form with all appropriate approvals should be attached to the personnel action form.