

Murray State University EXTRA COMPENSATION REQUEST

	(1) Current Date
(2) Employee Name Last First MI	(3) MSU ID Number

(4) Regularly Assigned Department or Grant

(5) Request for ___ Appointment ___ Cancellation	(6) ___ Academic Year Contract - 20% ___ Fiscal Year Contract - 20%	(7) Requesting Department or Grant	(8) Name/No. for Information
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(9) Justification and/or Explanation to Support this Request

(10) If Staff, please check one:

- Work will not occur during regular working hours.
 Work will occur during regular working hours, but time will be made up outside of regular working hours.

Employee Signature _____

(11) Account or Grant Name/No.(s) for Source of Funds

Account Name _____ Time Period of Extra Compensation _____
 Account No. _____ to _____
 Amount of Extra Compensation Request _____

(12) This portion must be completed by employee's regularly assigned department

	Contract Year Overload 20%
A. Employee's Base Salary for FY 20___/20___	_____
B. Maximum Extra Compensation Allowed (Salary X Percent)	_____
C. Less Amount(s) Previously Approved for FY 20___/20___	_____
Acct. No. Description of Work	
(1) _____	_____
(2) _____	_____
(3) _____	_____
D. Amount Available	_____
E. Less Amount of this Request	_____
F. Amount available after this request	_____

<p>(13) Signatures of Requesting Unit/Supervisor</p> <p>A. _____ Chair, Director, Activity Head Date</p> <p>B. _____ Dean Date</p> <p>C. _____ Vice President Date</p>	<p>(14) Signatures of Employee's Unit/Supervisor</p> <p>A. _____ Supervisor, Chair, Director Date</p> <p>B. _____ Dean Date</p> <p>C. _____ Vice President Date</p>
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Distribution of Completed Form:
 Original - VP of Regularly Assigned Org.
 Copies - Each Individual Signing Form
 Requesting Department

(14) Approval

 President Date