

The University of Memphis

Extra Compensation Authorization & Payment Request

1. _____
Employee Name (Last, First, M.I.)

2. _____
Banner ID

3. _____
Employee's Home Department Timesheet Org E-Class

*Position No. *Suffix
 For Payroll Use Only

4. _____
*Rank/Title

5. Describe Services to be Performed. (Be specific; attach additional sheet if necessary)

6. Describe formula to determine total pay: _____

7. Earnings Code/Account Code

| 9-Month (Academic Year) Faculty (Check One) | | | | | | 12-Month (Fiscal Year) Faculty/Staff (Check One) | | | | | |
|---|--------------|-------------------------|------------------------|-------------------------|--------------|--|--------------|-------------------------|------------------------|-------------------------|--------------|
| Academic Year Extra Compensation | | | Summer Compensation | | | Academic Year Extra Compensation | | | Summer Compensation | | |
| Earnings / Account Code | Account Code | Earnings / Account Code | Account Code | Earnings / Account Code | Account Code | Earnings / Account Code | Account Code | Earnings / Account Code | Account Code | Earnings / Account Code | Account Code |
| Non-Credit Instruction | 133 | 61252 | Consulting Services | 137 | 61250 | Non-Credit Instruction | 210 | 61254 | Non-Credit Instruction | 133 | 61252 |
| Sponsored Research | 135 | 61250 | Public Service | 138 | 61250 | Sponsored Research | 221 | 61254 | Other Services | 136 | 61250/61650 |
| Other Services | 136 | 61250 | Dual Services Contract | 139 | 61250 | Administrative Chair/Director | 220 | 61255 | Consulting Services | 137 | 61250/61650 |
| | | | Career Ladder | 075 | 61250 | | | | Dual Services Contract | 139 | 61250 |
| | | | | | | | | | Public Service | 138 | 61250/61650 |

8. Before services are performed, CERTIFICATION OF COMPLIANCE WITH UNIVERSITY PROCEDURES:

EMPLOYEE and HOME DEPARTMENT: We certify that the services to be performed are in addition to the normal duties and responsibilities of the regular job and will be performed outside of the regular work schedule. If not outside the regular work schedule, approved annual leave for this time has been scheduled and will be taken. We have read and will comply with [University Policy](#) for Extra Compensation. We also understand that excess payments for extra compensation may be returned to the University through payroll deduction.

a) _____ Date b) _____ Date
Employee Signature Signature of Employee's Home Department Head

9. Before services are performed, EMPLOYING DEPARTMENT (where services will be charged) completes the following:

| a) Index/Fund/Organization/Account Code/Program | Pay Amount | Dates Work Performed | Payment Date* |
|---|------------|----------------------|---------------|
| 1. _____ | \$ _____ | _____ | _____ |
| 2. _____ | \$ _____ | _____ | _____ |
| 3. _____ | \$ _____ | _____ | _____ |

b) Contact Person for FOAP Information: _____
Name Phone # Email

c) I certify that as the EMPLOYING OFFICIAL I have ensured that the arrangements for this service and requested payments are in compliance with University Policies and Procedures and that Department or College funds are available for this payment. I understand that I am responsible for notifying the Payroll Office if the above work is NOT complete as described.

Signature of Employing Chair/Department Head Date Signature of Employing Dean Date

10. After services are performed the signatures below are required.

a) I certify that the above work has been completed: Employee Signature: _____ Date: _____

As the EMPLOYING Officials, we certify that the services were provided as described above and that funds are available for payment.

b) Approved by: _____ b) Approved by: _____
Approval of Employing Chair/Activity Head Approval of Employing Dean/Director

Forward the original completed and signed form to Payroll. Retain an additional copy for your records.

*PAYMENT WILL BE PROCESSED ON THE NEXT REGULAR PAYROLL AFTER WORK IS COMPLETED PROVIDED THIS PROPERLY COMPLETED FORM IS RECEIVED IN PAYROLL NO LATER THAN THE FIFTH DAY OF THE MONTH TO BE PAID.