

# EXTRA COMPENSATION FORM

Rev: 07/01/2020



## Employee Section (generally initiated by payment department)

1. Name \_\_\_\_\_ 2. Title \_\_\_\_\_  
3. Employee ID WorkDay ID \_\_\_\_\_ 4. Position No. \_\_\_\_\_  
5. Department/BU \_\_\_\_\_ 6. College/School/Unit \_\_\_\_\_  
7. Activity to be Undertaken \_\_\_\_\_  
8. Location of Activity \_\_\_\_\_  
9. Activity Type (select one)  Teaching Overload  Non-Credit Instruction  Service  Credit Instruction/  
Non-Faculty  
10. Starting Date \_\_\_\_\_ 11. Ending Date \_\_\_\_\_

## Certification Section (to be completed by employee's home department)

**PLEASE NOTE: Signatures below serve as certification of the following criteria:**

- 1) Employee is a full-time faculty member (12 SSCH or equivalent); a non-faculty, non-classified employee working a minimum of 40 hours/week during the period for which extra compensation is requested; OR a full-time, exempt (not eligible for overtime) classified employee.
- 2) Overload activity is outside the employee's normal realm of responsibility and will in no way conflict with his/her regular duties. (Preparation and conduct of the overload activity must occur at a time other than the normal work schedule, or annual leave must be taken.)

12. Department Head \_\_\_\_\_ 13. Date \_\_\_\_\_  
14. Dean / Unit Head \_\_\_\_\_ 15. Date \_\_\_\_\_

## Approval Section (to be completed and signed by department controlling payment cost center)

**Completion of this section certifies that non-federal funds/non-state grant funds are available for extra compensation.\***

16. Compensation Amount \_\_\_\_\_ 17. Cost Center # \_\_\_\_\_  
18. Cost Center Name \_\_\_\_\_

**Signatures below authorize payment from cost center indicated.**

19. Department Head of 17 & 18 \_\_\_\_\_ 20. Date \_\_\_\_\_  
21. Dean / Unit Head of 17 & 18 \_\_\_\_\_ 22. Date \_\_\_\_\_

\* If this activity is to be paid from federal or state grant funds, additional approval is required.  
Please follow instructions regarding RSSP approval. For additional information, contact [hrc@uark.edu](mailto:hrc@uark.edu), or call 575-5351.

Submit completed and signed Extra Compensation Form via campus mail to  
Human Resources, ADMN 222, fax to 479-575-6971, or e-mail to [hrc@uark.edu](mailto:hrc@uark.edu).

## Payment Section (to be completed by Human Resources)

Payment Code \_\_\_\_\_ Date Payment Authorized \_\_\_\_\_ Authorization for Payment \_\_\_\_\_  
Chancellor's Designee