

# INSTRUCTIONS FOR COMPLETING THE ADDITIONAL COMPENSATION FOR TEACHING FORM

Complete all sections of the form. **Forms not filled out completely will be returned to the Department.** Refer to Policy 5-403 for additional information.

**Prepared By:** Please include all the information in this box. If there are any questions or missing information on the Additional Compensation form, this is who will be contacted. Omitting this information will cause delays in processing the form.

## Payment:

- A. *Employee Name:* Enter the employee's name.
- B. *Employee's Job Title:* Enter the employee's job title as it appears on the ePAF.
- C. *Employee's FTE:* Enter the employee's FTE for all active assignments.
- D. *Department Paying Compensation:* Enter the name of the department initiating the form for payment.
- E. *Org ID:* Enter the department/organization ID number for the department initiating the payment.
- F. *Employee's Home Department:* Enter the name of the employee's home department.
- G. *Org ID:* Enter the department/organization ID number for the employee's home department.
- H. *Course Information:* Include details on the course.
- I. *Employee ID #:* Enter the employee's ID number. (This number must be identical to the number on the ePAF.)
- J. *Amount:* Enter the gross amount to be paid. Hours or rates per hour are not appropriate for additional compensation.
- K. *Pay Period Dates:* Enter the starting and ending dates of the pay period for which payment is to be made. Additional compensation may not be paid over more than one pay period.
- L. *Chartfield:* Enter the Chartfield to be charged for these earnings.
  - BU** - Business Unit
  - Org ID** - Organization/Department ID
  - Activity/Project** - Activity or Project Number
  - Account** - 52300
  - A/U** - Allowable (1), Unallowable (0)
- N. *Reason for Additional Compensation:* The reason for the additional compensation should be explicit and concise. Any unusual circumstances should be fully explained.

## Approval:

The approval signatures of the Authorized Supervisor Authority with line responsibility over the department paying the additional compensation, and the Authorized Supervisor Authority of the employee's home department are required. In some cases this may be the same signature. The approval of the Vice President/Cabinet Member with line responsibility over the employee is required if the additional compensation exceeds \$2500 and is during the regular day curriculum. In instances where a Dean/Director or Vice President holds the teaching assignment, authorization must be obtained from the supervisor with line responsibility over the employee.

This form is due to the Payroll Department, 250 E., 200 So., Suite 125, no later than 5:00pm 3 business days prior to the pay period end date.

Revised 5/25/17

## University of Utah Payroll Department Payment of Additional Compensation for Teaching

Prepared By: _____	Email: _____
Phone: _____	Date: _____

Payment of additional compensation is restricted to authorized overload provided in accordance with Policy 5-403. Justification to support the additional compensation must be complete and the required approvals must be obtained before this form will be processed for payment. Payment of Additional Compensation is restricted to services which **arise infrequently**, and are not within the scope of the employee's normal working assignment. It must be used only in those unusual cases in which it is not appropriate to process the payment through initiation of or change to the ePAF.

This form will authorize payment to: Employee's Name _____	
Employee's Job Title: _____	Employee's FTE: _____ (Total FTE for all active assignments)
Department <b>Paying</b> Compensation: _____	Org ID: _____
Employee's <b>Home</b> Department: _____	Org ID: _____
Payment is for teaching _____ Semester.	
• If payment is for summer teaching, explain why this is overload rather than regular summer teaching which can be paid through the employee's ePAF form. _____	
Title of course: _____	Credit _____ Non-Credit _____
Student contact hours of course: _____	Last time this course was taught by this instructor _____
Is this faculty member teaching other courses this semester on overload? Yes _____ No _____	
Identify courses: _____	
*** Extended Day classes begin after 4:30 pm ***	

Payment: Only one payment per teaching assignment is allowed. Payment should be requested after work is performed. DO NOT FILL IN SHADED AREAS.

Employee ID #	Record #	Earnings Code	Additional Sequence	Amount
		ADT		

Pay Period Dates		Chartfield				
Start	End	Bu (2)	Org ID (5)	Activity/Project (8)	Account (5)	A/U (1)
					52300	

Reason for Additional Compensation (Please provide details):

**APPROVALS: Authorization & Certification:** I (all signatures below) have reviewed the request for compensation and the policy and certify that this payment is in accordance with Policy 5-403 and all limitations as set forth therein :

Line responsibility over department PAYING compensation

Line responsibility over employee's HOME department (authorizing effort)

\_\_\_\_\_  
Authorized Supervisor Authority Signature      Date

\_\_\_\_\_  
Authorized Supervisor Authority Signature      Date

\_\_\_\_\_  
Printed Name and Title of above Signature

\_\_\_\_\_  
Printed Name and Title of above Signature

\_\_\_\_\_  
Dean/Director Signature      Date

\_\_\_\_\_  
Cognizant Vice President/Cabinet Member      Date

\_\_\_\_\_  
Printed Name of above Signature

\_\_\_\_\_  
Printed Name of above Signature

Approval of the cognizant Vice President/Cabinet Member is required if the overload teaching assignment is during the regular day curriculum.

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