Prepared By:

Phone: Date:

PAYMENT OF EXEMPT CLINICAL SHIFT

Payment of exempt clinic shift compensation is restricted to salaried employees for the payment of clinical services performed outside of the normal working assignment. An exempt clinical shift form will need the approval of the department head for the employee's home department and also the department head of the department paying the compensation. The Graduate Medical Education involved. Only one form per employee is required.

This form will authorize payment to : Employee Name _____

Employee's Job Title: _____

Department Paying Compens _____ Org ID # _____

Employee's Home Department: _____ Org ID # _____

Employee ID #		Earnings Code		Total Amount	
		ECS			
Pay Period Dates					
		Bu	Org ID	Activity/Project	Account

List actual dates worked

_____

_____

_____

Amount for shift worked

_____

_____

_____

Reason for extra clinical shifts:

Approvals/Authorization: I (all signatures below) have reviewed the request for compensation and certify that this payment is in accordance with limitations set forth.

Supervisor Authority of paying department Date

Supervisor Authority of Home Department Date

Dean/Director Signature (BU01 only) Date

VP Signature if over $2500 Date

****GME APPROVAL (required if payment is for Medical Resident)**

This form is due to HR/Payroll department, 250 E., 200 So., Suite 125, no later than 12:00 p.m., the last business day of the pay period.