

SHIPPENSBURG UNIVERSITY

REQUEST FOR ADDITIONAL COMPENSATION - THROUGH THE INSTITUTE FOR PUBLIC SERVICE

TITLE _____ FUNDS CENTER _____

PAY TO: _____

DATES SERVICES WERE RENDERED: From: _____ TO: _____

TOTAL HOURS WORKED: _____

COMPENSATION REQUESTED: \$ _____ BARGAINING UNIT _____

CHECK ONE

State Paid Benefits Included in Compensation

State Paid Benefits Not Included in Compensation,

Charge to
Cost Center

JUSTIFICATION: _____

These services have not interfered with the employee's primary duties, and this dual employment is not in violation of the Code of Ethics of the State Adverse Interest Act.

1. Requested by _____ Date _____
 Employee

My signature certifies that the reported dates and times of employment are accurate and true.

2. Requested by _____ Date _____
 Director

3. Approved by _____ Date _____
 Dean (Employee's)

4. Approved by _____ Date _____
 Director, Institute for Public Service

5. Funds Available _____ Date _____
 Fiscal Administrator

6. Approved by _____ Date _____
 V.P. for Academic Affairs

PAYROLL DATA:

Date Paid: _____ VT # _____ Cost Center Charged: _____

Gross: _____ SS# _____ W/C: _____ M/H: _____ Life: _____

Ret: _____ H/W: _____ Other: _____

Request for Additional Compensation

The Request for Additional Compensation form certifies that faculty has completed work as indicated by the Request for Dual Employment, which was submitted at the beginning of the grant. The Add. Comp form is used to request payment be made to said faculty. In cases where work is conducted over a long period of time (six months to a year) requests can be made for partial payments.

The director of the grant initiates the Request for Additional Compensation process when he/she determines that the employee has either completed the project or in the case of a long term project has made substantial progress on the project.

The grant director completes items one through ten:

1. The employee's title.
2. The cost center number assigned to the grant. Cost centers are assigned when final grant approval has been received from the funding organization.
3. Employee's name.
4. Time period or date for which compensation is requested.
5. The amount of compensation requested and bargaining unit.
6. Check applicable line for state paid benefits.
7. Briefly describe activities in which the employee was involved. Attach memo from employee indicating that work has been completed or a brochure/program/outline with employee's program content.
8. Employee's signature. Note that the signature certifies that the reported dates and times of employment are accurate and true.
9. Grant director's signature.
10. Employee's dean's signature.

The grant director should forward the form to the Institute for Public Service and Sponsored Programs at ippsp@ship.edu. It will then be forwarded from there for final signatures and processing.