



Additional Compensation Request Form

REQUESTING DEPARTMENT

DEPARTMENT NAME		INDEX #	
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EMPLOYEE ID#		EMPLOYEE NAME	
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DESCRIPTION OF SERVICES TO BE PERFORMED:

DURATION OF SERVICES AND COMPENSATION

DATE(S) OF SERVICES TO BE PERFORMED:	START DATE:	END DATE:
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TIME OF SERVICES TO BE PERFORMED:	START TIME: P.M.	END TIME: P.M.
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SALARY TO BE PAID FOR SERVICE	SALARY:
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EMPLOYEE SIGNATURE		DATE	
AUTHORIZED REQUESTING DEPARTMENT SIGNATURE		DATE	
OTHER SIGNATURE (If Required)		DATE	

EMPLOYING/HOME DEPARTMENT

DEPARTMENT NAME		INDEX #	
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EMPLOYEE JOB TITLE	
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CLASS CODE:	SLOT:	FLSA: _____	CURRENT ANNUAL SALARY:
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NORMAL WORK HOURS	FROM:	A.M.	TO:	P.M.
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AUTHORIZED HOME DEPARTMENT SIGNATURE		DATE	
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OTHER SIGNATURE (If Required)		DATE	
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COMMENTS:

SCSU HUMAN RESOURCES/BUDGET SIGNATURE

HUMAN RESOURCES SIGNATURE		DATE	
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BUDGET OFFICE SIGNATURE		DATE	
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