## THE UNIVERSITY OF ALABAMA

## APPROVAL REQUEST FOR SUPPLEMENTAL or OCCASIONAL PAY

## All Supplemental/Occasional pay must be approved in ADVANCE of the work being performed!

The purpose of this form is to request your approval for payment of supplemental compensation or occasional pay for the individual listed below. University policy requires that prior approval be obtained **BEFORE** undertaking **ANY** compensated activities.

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| Information on the Individual Receiving Supplemental/Occasional Pay | | | | | | | | | | | | | | | | | | | |
| Employee Name | | | Joe Smith, III | | | | | | | | | | | | | | | | |
| Employee CWID | | | 1111-1111 | | | | | Date of Request | | | | 12/1/xx | | | | | | | |
| Employee’s Supervisor | | | Billy Smith, IV | | | | | Employee’s Home Department | | | | Chemistry | | | | | | | |
| Individual’s Current Status (check one) | | | | | | | | | | | | | | | | | | | |
| x | Full Time (Supplemental Pay) | | | | | | | | x | Non-employee (Occasional Pay)  \*Part Time employees use additional assignment PA not supplemental/occasional payroll process | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Individual’s Current Classification (check one) | | | | | | | | | | | | | | | | | | | |
| x | Faculty | | | | | | x | | | Staff/Other(non-employee) | | | | x | | Student | | | |
| Employee’s Current Job Title | | | | | | | Examples: Assistant Prof., Accountant II, Other (not a UA employee), ugrad, grad | | | | | | | | | | | | |
| Details | | | | | | | | | | | | | | | | | | | |
| Purpose of Compensation | | | | | Please provide details of the activity requiring supplemental or occasional pay.  For instruction, list course #, credit hours, time taught (ex. MWF 8-9), estimated enrollment.  For consulting or other activity, please identify the nature of the work. | | | | | | | | | | | | | | |
| Examples: Teaching a section of CHE 101 for a faculty member who is on sabbatical leave  CHE 101, 3 hours, 10-11 am MWF, 25 enrolled  Or… developing an on line course for future delivery, etc.  Or… playing the piano for an event at the president’s mansion | | | | | | | | | | | | | | | | | | | |
| Amount of Compensation Requested | | | | | Please be sure that the compensation does not exceed UA policy limits.  Full time faculty/instructors may receive up to 7.5% of their AY base salary for one 3 hour course overload. The expectation is that requests for supplemental compensation will be for no more than one 3 hour course per semester (fall, spring, summer). See UA policy for consulting/supplemental rates. | | | | | | | | | | | | | | |
| Examples: 4286.00 – or 50 dollars per hour not to exceed UA supplemental policy limits | | | | | | | | | | | | | | | | | | | |
| Time Period | | | | Please detail the period of service for this supplemental or occasional pay.  (Ex. Fall term, 8/16 – 12/31, Spring term 1/1 – 5/15 or other: Jan 4-6, 2xxx)  Be sure these approved dates match the dates on the PA form. This form may cover one Academic Year only. | | | | | | | | | | | | | | | |
| Examples: Spring 1/1/xx – 5/15/xx or Fall mini term (include dates) or February 12th | | | | | | | | | | | | | | | | | | | |
| Faculty/Instructor/Lecturer Teaching Loads.  Other information as required | | | | For 9/12 Faculty: Detail below the courses that the faculty is teaching as part of his/her regular load during the period that he/she is requesting supplemental compensation. Include the course number, credit hours, times taught and estimated enrollment. If none – please state “none”. Also describe any other assignments which may impact this request such as research load or administrative appointments.  FOR STAFF and 12 month faculty: An annual leave statement must be included below for supplemental activity performed during regular work hours. If AL is not taken, describe in detail how the time will be made up. | | | | | | | | | | | | | | | |
| 9 month Faculty Example: Che 101, 3 hours 8-9:15 TT – 250 estimated enrollment CHE 492, 3 hours, 11-12:12 TT – 12 estimated enrollment, CHE 284, 3 hours, 1-2 MWF – 35 estimated enrollment  Staff /12 month faculty Example: I will be taking annual leave for activities associated supplemental pay that is performed during normal work hours (8-5) | | | | | | | | | | | | | | | | | | | |
| Return completed and approved form to the individual below (please print/type ) | | | | | | | | | | | | | | | | | | | |
| Name | | Susan Smith | | | | Box/Address | | | | | 870xxx | | Phone # | | | | 348-xxx |
| Approvals | | | | | | | | | | | | | | | | | | | |
| The University has the responsibility to ensure that each employee meets assigned duties acceptably before additional compensation is authorized and that compensation is not provided more than once for the same effort or for the same time period. By signing this form, you are supporting this request. Please sign and forward as indicated below. | | | | | | | | | | | | | | | | | | | |
| Individual’s Supervisor (approving the activity for which the activity is being requested) | | | | | | | | | | | | | | | Date | | | | |
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| Supervisor’s Dean/Director/Division VP | | | | | | | | | | | | | | | Date | | | | |
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| OAA (for OAA, Research, Advancement, Student Affairs, President’s Office)  HR (Athletics, Community Affairs, Financial Affairs) | | | | | | | | | | | | | | | Date | | | | |
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This approved form should be attached to the PA form unless it is already attached to the Hiring Proposal in the faculty hiring system

Revised 8/8/13