

Request for Special Compensation

Please see the below information relating to employment at Arkansas Tech University on a temporary basis.

Event Name: _____ Event Dates: _____

Type of Employee: Extra Labor Non-Work Study Student Worker

Name	T Number	Compensation Amount	Position #	Index	Org	Program

Requested by: _____

Title: _____

Signature: _____

Date: _____

For processing purposes:

HR Representative: _____

Date: _____