

# Arkansas Tech University

## Request for Extra Compensation Form

This form must be completed for any full time Arkansas Tech University employee requesting to receive extra compensation for ATU work performed outside of the scope of their normal ATU employment duties. Please be advised that this form must be approved by the Event Director and the sponsoring department's Department Head/Director. The same person may not sign in both places. The completed form must be turned into Human Resources at [hr@atu.edu](mailto:hr@atu.edu) prior to the services being rendered.

Employee Information			
Employee Name:		Employee TNumber:	
Full-time Position:		Department:	
Event Information			
Event Name:			
Event Director:		Contact Number:	
<b>*For each date, we must have the estimated hours worked on that date. If the employee will work the same hours for each date, you may put the dates on the same line and list the time worked on the corresponding "time worked" line. Please complete the below.</b>			
Date(s) of Event:		Time(s) Worked: <i>(ex: 8:00 am – 11:00 am)</i>	
Description of Work Performed at Event:			
Payment Information			
Event Index:		Event FOAP/Account Number	
Amount to be Paid:		*Payment will occur after services are rendered. Event Directors must notify HR if the above service is not completed or adjusted.	

This Request for Extra Compensation has been reviewed and approved by:

\_\_\_\_\_ Date \_\_\_\_\_ Sponsoring Department Head/Director \_\_\_\_\_ Date \_\_\_\_\_  
 Event Director

<b>HR Purposes Only</b>	
Is FT position non-exempt (hourly)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Event Position #: _____ Event Position Title: _____
Event Hourly Wage: _____ (std) _____ (blended)	LIM of FT: _____ Is over LIM? <input type="checkbox"/> Yes <input type="checkbox"/> No
HR Director approval: _____ Date: _____	Concurrent Submitted: _____ HR Rep: _____
Contract Completed: _____	OR Form Submitted to Payroll: _____ HR Rep: _____