

Date form Completed \_\_\_\_\_

**Extra/Additional Pay to Hourly paid Faculty/Staff/Student for  
Additional Work Outside Home Department  
Or Inside Home Department in a Different Classification**

The completion of this form will authorize payment from the account(s) shown below to hourly paid Faculty/Staff/Student for hours worked outside the home department or outside the primary classification. If overtime results, that premium rate will be used in calculating the dollar amount to be paid.

\_\_\_\_\_  
Individual's Name (Last, First) \_\_\_\_\_  
HMRS ID / Record Number

\_\_\_\_\_  
Individual's Home Department Name Division      Number

**ADDITIONAL WORK TO BE PERFORMED IN**

\_\_\_\_\_  
Department Name Division      Number

**DATE(S) OF ADDITIONAL WORK**

Maximum period should be four weeks

\_\_\_\_\_  
Pay Period Begin Date \_\_\_\_\_  
Pay Period End Date

**\*\*Please attach back-up documentation including dates to pay and hours worked (in and out times)\*\***

Description of Additional Work performed, if different from Regular (Primary) Classification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dollar Amount to Pay:    \$ \_\_\_\_\_ (Please include calculations and back-up documentation)

Account(s) to be charged: \_\_\_\_\_

Individual's Regular Classification: \_\_\_\_\_

Individual's Regular Pay Rate:    \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature from department      Date  
where additional work was performed

\_\_\_\_\_  
Authorized Signature from      Date  
home department

\_\_\_\_\_  
Print Name Phone

\_\_\_\_\_  
Print Name Phone