

**THE UNIVERSITY OF ALABAMA
REQUEST FOR APPROVAL TO PAY SUPPLEMENTAL COMPENSATION**

Supplemental pay must be approved in ADVANCE

The purpose of this form is to request your approval for payment of supplemental compensation for the individual listed below. The University policy on supplemental compensation requires that the faculty or staff member obtain prior approval before undertaking activities that provide supplemental compensation.

Information on the Employee Receiving Supplemental Pay			
Employee Name	Joe Bob Smith, III		
Employee CWID	1111-1111	Date of Request	12/1/07
Employee's Home Supervisor	Billy Bob Smith, IV	Employee's Home Department	Chemistry
Employee's Current Status (check one)			
<input checked="" type="checkbox"/>	Full Time		<input type="checkbox"/> Part Time

Employee's Current Classification (check one)			
<input checked="" type="checkbox"/>	Faculty		<input type="checkbox"/> Staff
Employee's Current Job Title	Associate Professor		

Details	
Purpose of Supplemental Compensation	Please provide details of the activity requiring supplemental pay. For instruction, please list the course #, credit hours and the time taught (ex. MWF 8-9). For consulting or other supplemental activity, please identify the nature of the work.
Teaching a section of CHE 101 for a faculty member who is on sabbatical leave CHE 101, 3 hours, 10-11 am MWF Or... developing an on line course for future delivery, etc.	
Amount of Supplemental 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 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. Please see UA policy for consulting daily rates.
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 pay. (Ex. Fall semester, 8/16 – 12/31 or Jan 4-6, 2008) Be sure these approved dates are on the PA form.
1/1/08 – 5/15/08	
Faculty/Instructor/Lecturer Teaching Loads	Please detail below the courses that the employee is teaching as part of his/her regular load during the period that he/she is requesting supplemental compensation. Please include the course number, credit hours, times taught and <u>estimated enrollment</u> . If none – please state "none".
Che 101, 3 hours 8-9:15 TT – 250 estimated enrollment CHE 284, 3 hours, 1-2 MWF – 35 estimated enrollment Che 492, 3 hours, 11-12:12 TT – 12 estimated enrollment	

Return completed and approved form to the individual below (please print/type)			
Name	Susan Smith	Box/Address	870xxx

Approvals	
<i>The University has the responsibility to assure that each faculty or staff member meets assigned duties acceptably before supplemental compensation is authorized and that compensation is not provided more than once for the same effort. By signing this form, you are supporting this request. Please sign and forward as indicated below.</i>	
Employee's Dept Head (approving the activity over and above the normal workload)	Date
Employee's Dean/Director/Division VP	Date
OAA Approval	Date

A copy of this form with all appropriate approvals should be attached to the personnel action form