

Internal Supplemental Compensation Approval Form

The salary of regular, full-time faculty and staff members is intended as full compensation for job activities performed for the university. However, staff may be requested to render service for other units of the university and/or to perform duties that are substantially outside the scope or reasonable potential scope of the individual's position. In such instances, the individual may be eligible to receive supplemental compensation if release time is not a feasible option. Performance of work outside the individual's home unit is subject to the approval of the home unit.

For Faculty: No more than one business day per week may be spent on the combination of internal supplemental compensated appointments and outside compensated consulting activity requiring approval. Faculty should avoid any conflict or appearance of conflict between such activities and primary university responsibilities. Refer to the Office of Academic Affairs Handbook for Deans, Directors, and Department Chairs for additional information.

For Staff: Please refer to Policy 3.35, Supplemental Compensation Involving Work Within the University. Contact the Office of Human Resources, Consulting Services with questions.		
Name:	Employee ID#:	
Home Dept:	Home College/Unit/Regional Campus:	
Unit Requesting Supplemental Services:		
Description of Service:		
Hours to be Spent on Supplemental Activity Weekly: _	Total for 1	AMCP Year:
Period of Supplemental Activity From:	To:	
Amount of Compensation Requested:		
Calculation of AMCP Year Compensation Limit: (A) Individual's base compensation for current AMC (B) Total supplemental compensation for this AMCP B divided by A =% Total supplemental compensation	year \$	hould not exceed 20%
I hereby certify that during the course of this supplemental development will not be adversely affected.	l activity, my primary duties, respons	ibilities, and professional
Faculty/Staff Signature		Date:
Requesting Department Approval		Date:
Requesting College/Unit Approval		Date:
Home Department Chair/Head		Date:
Home Dean/VP or Regional Dean*		Date:
Research Foundation: (if payment is from grant funding) *Regional Campuses need only the Regional Dean's signature		Date:

RETURN THIS FORM TO YOUR HOME EMPLOYING UNIT.