

## EXTRA COMPENSATION REQUEST

|  |  |   |   |
|--|--|---|---|
| DATE: _____ REQUESTED PAYMENT DATE: _____                            |  |   |   |
| MONTHLY  | <input type="checkbox"/> Faculty           | <input type="checkbox"/> Administrative | <input type="checkbox"/> Graduate Assistant |
|  | <input type="checkbox"/> Part-Time Faculty |   |   |
| BI-WEEKLY  | <input type="checkbox"/> Hourly/Staff      | <input type="checkbox"/> Casual Labor   |   |
|  | <input type="checkbox"/> Student           |   |   |
| UWG EMPLOYEE NAME: _____   |  |   |   |
| SOCIAL SECURITY NUMBER: _____  |  |   |   |
| EMPLOYEE ID: (HR use) _____  |  |   |   |
| ACCOUNT NUMBER: _____  |  |   |   |
|  | Dept.                                      | Fund                                    | Account Code (HR use)                       |
| DESCRIPTION OF ACCOUNT: _____  |  |   |   |
| (Include Grant # if Applicable)                                      |  |   |   |
| AMOUNT: _____  |  |   |   |
| ACTION INITIATED BY: _____ PHONE #: _____                            |  |   |   |
| <b><u>DATE(S) AND DESCRIPTION OF TYPE OF SERVICE(S) RENDERED</u></b> |  |   |   |
| _____  |  |   |   |
| _____  |  |   |   |
| _____  |  |   |   |
| _____  |  |   |   |
| _____  |  |   |   |
| APPROVED BY: _____   |  |   |   |
| Area Director/Department Head  |  |   |   |
| APPROVED BY: _____   |  |   |   |
| Academic/Administrative Office                                       |  |   |   |
| APPROVED BY: _____   |  |   |   |
| Human Resources  |  |   |   |