



Permission for Extra-Compensation for Staff (.75 FTE or greater) PERIOD COVERED: JULY 1, 2023 – JUNE 30, 2024

STAFF – ONLY

PLEASE READ: Employee is responsible for submitting form with their supervisor's signature. Paying unit is responsible for any ePAFs and necessary temporary instructional title appointment for teaching assignments. Once fully approved at the College Dean/Supervisor level, please attach the completed form to the Additional Pay ePAF for approval.

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|----------------|--|-----------------------|--|------|--|
| Employee name: | | Employee ID: | | FTE: | |
| Email address: | | Title: | | | |
| Unit: | | Immediate supervisor: | | | |

| Complete this section for extra compensation paid by OU for: | | | | | | |
|--|--------|---------------|--------------|---|------------------------------|-------------------|
| <i>Teaching assignment(s)</i> | | | | | | |
| Semester/Year | Course | Time of class | Course Title | Academic Unit responsible for instruction | Individual making assignment | Amount to be paid |
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| <i>Work other than Teaching</i> | | | | |
|---------------------------------|--------------|------------------------------|------------------------------|-------------------|
| Dates of Assignment | Type of work | Department making assignment | Individual making assignment | Amount to be paid |
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Chartfield Spread/Funding Information

If work is performed during normal work hours, please describe, in detail, how your normal job responsibilities are unaffected:

Your signature below indicates your understanding that leave will be taken for the time missed from work or work will be performed outside normal working hours. Additionally, compensation in the form of a supplemental pay does not result in a contribution from the university to your defined contribution plan, if applicable.

Employee's signature/date _____
Employee's immediate supervisor approval/date _____
Employee's Chair/Director/Supervisor approval/date _____
College Dean/Supervisor approval/date