



AUSTIN PEAY STATE UNIVERSITY

REQUEST FOR EXTRA COMPENSATION

FOR PERMANENT APSU EMPLOYEES

Banner ID Number _____ Name _____

FACULTY

COURSE INFORMATION											
Term _____		Yr _____								POSITION NUMBER - 282500	
DEPT	COURSE NUMBER	SECTION	CREDIT HOURS	START DATE	END DATE	PAY HOURS	RATE	TOTAL PAY	FOAP		

OR OTHER WORK PERFORMED (define briefly):

ADMINISTRATIVE/PROFESSIONAL/CLERICAL/SUPPORT EMPLOYEES

COURSE INFORMATION											
Term _____		Yr _____								POSITION NUMBER - 282500	
DEPT	COURSE NUMBER	SECTION	CREDIT HOURS	START DATE	END DATE	PAY HOURS	RATE	TOTAL PAY	FOAP		

OR
POSITION NUMBER -

START DATE	END DATE	HOURLY RATE*	OR	FLAT RATE	FOAP

Description of Service:

*Semi-monthly employees must be paid an hourly rate due to Federal Wage and Hour Regulations

This request is in compliance with TBR Extra Compensation Policy 5:01:05:00 and faculty overload is being paid in accordance with Guideline P-055: Yes _____ No _____

Submitted by _____ Date _____
 Dept/Area/Other Chair/Coordinator/Other

Signature of Supervisor _____ Date _____

Signature of Employee _____ Date _____

Signature of VP/Provost _____ Date _____