



AUSTIN PEAY STATE UNIVERSITY
Wintermester Extra Compensation Form

A#: _____ Name: _____

TEACHING			Salary:			1/32 Rate:	
	DEPT	COURSE NUMBER & SECTION	ENROLLMENT (expected)	TLC*	RATE OF PAY	TOTAL PAY	FOAP
1							110001-40055-61222-200
2							110001-40055-61222-200
3							110001-40055-61222-200
TOTAL:							

ADMINISTRATIVE

Department	Start Date	End Date	Hourly Rate	Or	Flat Rate	FOAP
						110001-40055- -200
Description of Duties:						

APPROVALS MUST HAVE ALL SIGNATURES PRIOR TO BEING PROCESSED BY HUMAN RESOURCES

_____/	_____/	_____/
Chair/Department Head Name	Signature	Date
_____/	_____/	_____/
Dean/Department Head's Supervisor Name	Signature	Date
_____/	_____/	_____/
Employee Name	Signature	Date
_____/	_____/	_____/
VP/Provost Name	Signature	Date