

 Date:

**Nature of Action:** [ ]  Department Chair [ ] Lead Instructor [ ] Coordinator

 [ ]  Other (Explain:)

 ***REQUIRED***

**Name:**  **Last 4 Digits SSN#:**  **LOLA / Banner #:**

**Is this extra service paid from a grant?** [ ] Yes [ ]  No **Is this extra service paid from the same department organization as the employee’s primary job?** [ ] Yes [ ]  No

|  |  |  |
| --- | --- | --- |
|  |  | **EXTRA SERVICE DETAILS:** |
| **Campus / Site** |  |
| **Division / Department** |  |
| **Position Title** |  |
| **Banner Position Number** |  |
| **FOAPAL Account Number**  |  |  |  |  |
| **Fund** | **Organization** | **Account** | **Program** |
| **Budget Page / Item Number** |  |
| **Proposed Salary**  | $ [ ]  Salaried [ ]  Hourly |
| **Effective Date** | **From:** | **To:** |
| **Average Hours per Week** |  |

**PRIMARY JOB STATUS:**

|  |  |  |
| --- | --- | --- |
| [ ]  faculty (9-month) | [ ]  grants faculty (9-month) | [ ]  unclassified |
| [ ]  faculty (12-month) | [ ]  grants faculty (12-month) | [ ]  other (*requires a full explanation be attached*) |

**Description of**

**Extra Service:**

*I understand that in the event this agreement is processed following the initial pay period deadlines(s), my full agreed upon pay will be distributed across the remaining pay periods through the agreement’s ending date. I understand that if I am a faculty member, I am being compensated for extra non-teaching duties performed as an overload. I understand that if I am an unclassified employee, I am being compensated for approved extra duties to be performed outside the hours worked for my primary full-time position.**I also understand that I am responsible for documenting time worked in order to be paid on a timely basis.*

**Extra Service Employee’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability of Funds

 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Budget Manager Date

 5)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Vice Chancellor for Business & Admin. Affairs Date

 6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
 Chancellor Date

Approvals: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Supervisor/Division Dean Date

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Appropriate Vice Chancellor or Executive Dean Date

 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Assistant Vice Chancellor for Human Resources Date

Form 3242/003 (3/2020)