



Simmons University

Faculty Additional Compensation Form

For Full-time or Part-Time Faculty

Preapproval for Additional Faculty Compensation to perform additional assignments. **Prepare the first page of this form BEFORE a Faculty Member BEGINS an assignment that requires additional compensation.**

Faculty Name: _____ Title: _____ College/School/Division/Program _____ Department _____

Date(s) of Assignment: _____ **Cost Center #:** _____ **Gift or Grant Tag #:** _____ **Proposed Amount:** \$ _____
 From: _____ To: _____

Reason for additional compensation (Select from list below):

- Teaching
 Mentor
 Course Design
 Grant-funded salary
 Additional Work
 Course Development
 Supervision
 Other: _____

Description of work to be performed or reason for additional compensation (attach supporting documents if necessary):

Is this a one-time payment? Yes: No: If no, please explain: _____

Explain the methodology for determining the amount and payment (i.e. fixed amount paid once, \$ rate/hour for xxx hours lasting from Date A to Date B):

Preapproval of Additional Compensation

Faculty Member Signature: _____ Print Name: _____ Date: _____

Cost Center Manager Signature: _____ Print Name: _____ Date: _____

Dean Signature: _____ Print Name: _____ Date: _____

(of faculty member completing work)

Preapproval of Additional Compensation (if funded by Externally Sponsored Programs):

Grant Accountant Signature: _____ Print Name: _____ Date: _____

Prepare the second page of this form **AFTER** a Faculty member **COMPLETES** assignment that requires additional compensation.



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Instructions:

Section 1: Once the work is completed, the Cost Center Manager signs off on the final approval of the payment amount to the faculty member performing the additional compensation assignment. Proceed to Section 2 or Section 3 whichever is applicable.

Section 2: Please complete the signatures below **ONLY** if the compensation amount or terms in the Preapproval section has changed. If the compensation amount or terms have not changed, you do not need to complete Section 2, please proceed to Section 3.

Section 3: Send Completed form to (provostoffice@simmons.edu) for final Provost approval. This completed form will be forwarded by the Provost Office to Payroll for processing.

Section 1

Final Compensation Approval

Cost Center Manager Signature: _____ Print Name: _____ Date: _____

Total Additional Compensation Amount: _____ **Cost Center #:** _____ **Gift or Grant Tag #:** _____

Section 2

Please complete the signatures below **ONLY if the compensation amount in the preapproval section has changed.** If not, please send directly to the Provost Office for approval.

Faculty Member Signature: _____ Print Name: _____ Date: _____

Dean Signature: _____ Print Name: _____ Date: _____
(of faculty member completing work)

Section 3

Final Provost Approval

Asst. Provost Signature: _____ Print Name: _____ Date: _____

Provost Signature: _____ Print Name: _____ Date: _____