

Request for Extra Service Compensation Form

Complete this form to request Extra Service Pay for overload work that is above and beyond the institutional base salary (*IBS*), using one or more funding sources that have already been identified and approved by the fund manager(s) and/or external sponsors. For a formal definition of IBS, see [USD Policy 3.4.2](#).

1. Name of Faculty or Administrator whose Extra Service Pay is being requested:
2. Email contact information:
3. Affiliated department:
4. Affiliated school/college:
5. Dates/semester(s) the extra service work will be performed:
6. Amount of Extra Service Pay being requested:
7. Corresponding amount of FTE (*e. Amount requested divided by IBS*):
8. Period of payment (*list month(s) and year(s)*):
9. Sources of fund(s) (*List Workday driving worktag and Cayuse project number, if applicable, to be charged. If multiple, indicate the amount for each*):
10. Please attach supporting documentation for this request (*e.g. grant award letters, sponsor-approved budgets, etc.*).

By submitting this Extra Service Compensation request and signing below, you certify the following:

- All information provided in this request is accurate and up to date.
- You have obtained approval from all external sponsors and internal fund managers for the requested compensation.
- The extra service work is for time effort above and beyond your regular job or faculty appointment and/or any release time and will not interfere with your ability to fulfill the duties and responsibilities associated with your regular job or faculty appointment.

E-signature:

Date: