

This form is used to obtain preapproval for additional payment beyond approved salary for full-time faculty and university staff. **THIS FORM IS NOT TO BE USED FOR ADMINISTRATIVE STIPENDS AND/OR SUMMER PAY FOR 9 MONTH FACULTY.**

Employee Name: _____ Title: _____

Home Department: _____ Employee ID: _____

Sponsoring Department (if different from home dept.): _____

Sponsoring Department Contact Name and Phone: _____

Description of activity (e.g., course title(s), award program, service organization and/or activity):

Describe how current work assignments will be covered and completed while teaching (include work coverage, availability, etc.):

1. Begin Date: _____ Expected/End Date: _____

2. Total remuneration for this activity: \$ _____

3. Speed Type: _____

Initiator: **Enter required approver names for approval routing and then route using Adobe Sign.***

Approvers: **Digitally sign in your designated field. The form will automatically route to remaining approvers via Adobe Sign.**

Approval Routing	
Employee's Supervisor/Chair:	Signature:
Employee's Dean/AVC:	Signature:
Employee's Vice Chancellor:	Signature:
Sponsoring Dean/AVC:	Signature:
Sponsored Projects Accounting: (if required):	Signature:
Sponsoring Vice Chancellor:	Signature: