

**UNIVERSITY OF ARKANSAS
EXTRA COMPENSATION FORM**

CTED USE ONLY: 1. Form Number _____ 2. E or NE

Employee Section

3. Name _____	4. Title _____
5. Employee ID # _____	6. BP # _____
7. Department _____	8. College/School/Unit _____
9. Activity to be Undertaken _____ _____	
10. Location of Activity _____	11. Type of Activity _____
12. Starting Date _____	13. Ending Date _____

Certification Section

The employee is a faculty member who is teaching a full load (12 SSCH or its equivalent OR a non-faculty member who is working a minimum of 40 hours per week) during the time period listed above, and the overload will not interfere with his/her regular duties.

14. Department Head _____	15. Date _____
16. Dean or Unit Head _____	17. Date _____

Approval Section

18. Non-federal funds and non-state grant funds are available for extra compensation.	_____ Dean or Unit Head*
19. Compensation Amount _____	20. Cost Ctr. Name _____
21. Cost Ctr. # _____	
22. Dean or Unit Head of Items 20 & 21* _____	
23. Dean of Continuing Education _____ (Chancellor's Designee)	

Payment Authorization Section

Upon completion of said activity, the Dean or unit head signing in Item 22 must sign authorizing payment and send to Payroll Office in Human Resources, with a copy to the Dean of Continuing Education.

##### PAYROLL USE ONLY	
24. Authorization for Payment	_____
_____ Same Name as in Item 22*	# Employee # _____
25. Date Payment Authorized	# Title Code _____
_____	# _____