

# EXTRA COMPENSATION FORM

Authorization of Payment Request

SOUTHERN ILLINOIS UNIVERSITY

Provost's Office use only:

F-Y-T-D payments

Fiscal Year Charged

Cumulative compensation

FY

Name: Last First Middle Employee ID Preparer's Mailcode

Beginning date of activity

Ending date of activity

Position ID of primary assignment

Rank, title, or classification (Job)

Department (Organization)

Full-time equivalent  
monthly salary

## SECTION 1. PAYMENT REQUEST (mark and complete appropriate lines:)

☐ No additional compensation required

☐ Credit Activity (complete section 2 below)

☐ Credit-Free Activity (complete section 3 below)

☐ Non-Instructional Activity (complete section 3 below)

☐ Special payments, waivers, or conditions

## GROSS AMOUNT TO BE PAID:

### PAYMENT SCHEDULE:\*

☐ Pay in lump sum on

☐ Pay in equal installments of

Beginning on (date of first check)

\*The first installment is not to precede the beginning of services. The activity must be complete before the final installment or lump sum payment is made.

AIS Budget Description	AIS Fund	AIS Unit	AIS Budget Purpose	AIS Dept Activity 1	AIS Dept Activity 2	AIS Function	AIS Natural Account

## SECTION 2. CREDIT COURSE ACTIVITY

Course number and title Section # Semester/Year

Credit Hours Location Course Type:

Type of Credit:

☐ Undergraduate

Tuition:

☐ Graduate\*

☐ Regular off-campus

☐ Both\*

☐ Other

Beginning Date

Ending Date

\*Graduate School signature required

## SECTION 3. ☐ NON-INSTRUCTIONAL ACTIVITY ☐ CREDIT-FREE ACTIVITY (please provide a brief description of the activity)

### READ BEFORE SIGNING:

I agree to accept this assignment and compensation subject to the above conditions and subject to the printed conditions set forth; further, I understand that if this course or activity is cancelled, I am not entitled to payment. This extra service is over and above services required by the current budgeted assignment. It will not affect performance under such assignment.

### Administrative Approvals (As required by campus)

Signature of staff member

Date

### Unit Where Employed Approvals:

Supervisor/Chair

Date

Dean/Director

Date

VC or Other Administrative Approval  
(if applicable)

Date

### Funding Approvals

Chair/Fiscal Officer

Date

VC/Dean/Director

Date

Other Administrative Approval

Date

### Additional Approvals:

Dean of Graduate School

Date

Chancellor  
(if applicable)

Date

Provost and Vice Chancellor for  
Academic Affairs

Date