

## **MISSISSIPPI VALLEY STATE UNIVERSITY**

Office of Sponsored Programs

Authorization for Additional Compensation Services

"Additional Compensation" means a payment in addition to the base appointment salary for work that is clearly in addition to regularly assigned duties and that must be performed outside of normal working hours or during vacation or compensatory time, as appropriate.

This form must be in the Office of Sponsored Programs 7 business days prior to the date services begin.

SECTION I					
Employee Name:			Employee ID:		
Employee's Primary Department:					
Employee's Appointment Period (	check one):	12 month	9 month	_ Other:	
Requesting approval to provide services for the Department of:					
These services will consist of:					
<u>-</u>					
These services will begin on:		and end on:			
Employee Signature		Employee's Pri	mary Supervisor Si	gnature	
SECTION II					
I certify that funds are available to the approved estimate.	encumber this ex	penditure and th	nat actual com	pensation may not exceed	
Total Amount to be charged:					
Account Name:			anner Org. Number:		
Project Director	Date	Sponsored Program	ns/Title III Director	Date	
SECTION III					
Executive Staff/VP	Date	VP for Business an (Refer to Approval)		Date	
Human Resources	Date	President (Refer to Approval	Limit Schedule)	Date	