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| C:\Documents and Settings\sharkins\Local Settings\Temporary Internet Files\Content.Outlook\5M52DODR\UM mark (2).jpg | **EXEMPT REGULAR STAFF**  **INCREASED RESPONSIBILITIES AND SUPPLEMENTAL COMPENSATION REQUEST**  **EMPL CLASS 33**  **Pre-Approval Required Before Work Begins**  Please return completed approved form to Compensation. Contact Compensation at (410) 706-6338 for questions. |

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| **Employee Information:** | | | | | | | |
| Name: |  | | Employee ID# |  | Annual Salary: |  | |
| Title: |  | | Regular (33) | | Current FTE % must be 100% | | |
| **Paying Department Information:** | | | | | | | |
| Paying Dept. Name: | |  | School/Adm Dept Name: | |  | | |
| Department Contact: | |  | Contact Phone: |  | | | |
| Supplemental work will be performed between      :       am/pm to      :       am/pm on       (days). Supplemental work must be performed outside of normal working hours or documentation of alternative work schedule/use of leave must be provided. | | | | | | | |
| Location supplemental work will be performed is      . | | | | | | | |
| **Home Department Information** | | | | | | | |
| Home Dept Name: | |  | School/Adm Dept Name: | |  | | |
| Department Contact: | |  | Contact Phone: |  | | | |
| Normal work hours are between       :       am/pm to       :       am/pm on       (days). | | | | | | | |
|  | | | | | | | |
| **Request Type: check applicable and indicate Earnings Code (All Staff Supplemental Pay are outside current job description and performed outside normal work hours and days as defined in UMB Policy VII.9.11 (A)** | | | | | | | |
| EARNINGS CODE- **SEC:** Secondary Employment | | | Start Date: |  | End Date: (max. of 6 mo.) | |  |
| EARNINGS CODE- **SEJ**: Faculty appointment | | | Start Date: |  | End Date: (max. of 6 mo.) | |  |
| EARNINGS CODE- **\_\_\_\_**: Assigned by Compensation | | | Start Date: |  | End Date: (max. of 6 mo.) | |  |
| **Increased Responsibilities:** | | | | | | | |
| **Justification**  **Attached** | | Please attach justification describing the supplemental work responsibilities and duties that are not within the employee’s duties and responsibilities as a full-time employee. | | | | | |

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| **Payment Information** | | | | |
| Total Payment  Amount: | $ | If more than the number of payments listed below, please attach a payment schedule to include the pay period end date, amount, funding source, and project ID/SOAPF. Payment amount must be daily rate. | | |
| **Pay Period End Date:** | **Amount:** | | **Funding Source:** | **Project ID or SOAPF #:** |
|  |  | | State  Grant  Other |  |
|  |  | | State  Grant  Other |  |
|  |  | | State  Grant  Other |  |
|  |  | | State  Grant  Other |  |

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| **Required Approvals:** | | | | | |
| By signing in the designated areas below, I am verifying this request is in accordance with **VII - 9.11(A) – UMB Policy on Increased Responsibilities and Supplemental Compensation for Exempt Staff.** | | | | | |
| Employee Signature: |  | Printed  Name: |  | Date: |  |
| Paying Department Authorized Signature: |  | Printed  Name: |  | Date: |  |
| Paying Department Dean/VP Signature: |  | Printed  Name: |  | Date: |  |
| Home Department Authorized Signature:  (if different from Paying Dept) |  | Printed  Name: |  | Date: |  |
| Home Department Dean/VP Signature:  (if different from Paying Dept) |  | Printed  Name: |  | Date: |  |
| HRS-Compensation Signature: |  | Printed  Name: |  | Date: |  |
| President or Designee Signature: |  | Printed  Name: |  | Date: |  |
| **APPROVED FORMS WILL BE RETURNED TO PAYING DEPARTMENT CONTACT FOR PROCESSING; COPY OF THIS APPROVED FORM WITH ATTACHED, SIGNED PAYROLL ADJUSTMENT FORM SHOULD BE SUBMITTED TO FS-PAYROLL FOR PROCESSING.** | | | | | |