

Additional Compensation Form (Non-FTE)

IMPORTANT NOTICE: The additional compensation form is intended for current Research Foundation employees ONLY. If you are attempting to hire or appoint someone to a position where an ongoing employee/employer relationship is required, please contact the Human Resources department at 619-594-4139 for the appropriate paperwork.

Employee Information		
Last Name:	First Name:	MI:
Work Phone:	Work E-mail:	
Current Position Title:	Dept/Project:	

Compensation Information
Requested Amount:
Reason for Request:
<input type="checkbox"/> Award <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Guest Lecture <input type="checkbox"/> Over DHHS Salary Cap <input type="checkbox"/> Royalties <input type="checkbox"/> Special Event <input type="checkbox"/> Tutor/Mentor <input type="checkbox"/> Salary Differential
Description/Supporting Information (may be attached to form):

Account Information					
Start Date:	End Date:	Fund	Orgn	Acct	Distribution

Approvals	
Project Contact Name:	Phone:
Project Signature:	Date:
Additional Signature Name:	
Additional Signature (if required):	Date:

Sponsored Research Administration Foundation Use Only	
SRA Administrator Initials:	SRA Administrator Name:
SRA Administrator Approval:	Date:
SRA Management Approval (if required):	Date:

Human Resources Use Only			
Year:	Pay ID/No. SM:	TKL:	Workers Comp Code:
Position Number:	Suffix:	Earnings Code:	
SDSURF Human Resources Approval:			Date:
SDSURF Human Resources Management Approval (if required):			Date: