AUSTIN PEAY STATE UNIVERSITY

REQUEST FOR EXTRA COMPENSATION FOR PERMANENT APSU EMPLOYEES

Banner ID Number _____ **Name** _____

☐ **FACULTY**

COURSE INFORMATION

Term Select One **Yr** Select One **POSITION NUMBER - 282500**

DEPT	COURSE NUMBER	SECTION	CREDIT HOURS	START DATE	END DATE	PAY HOURS	RATE	TOTAL PAY	FOAP
								$0.00	
								$0.00	
								$0.00	

OR OTHER WORK PERFORMED (define briefly): $0.00

☐ **ADMINISTRATIVE/PROFESSIONAL/CLERICAL/SUPPORT EMPLOYEES**

COURSE INFORMATION

Term Select One **Yr** Select One **POSITION NUMBER - 282500**

DEPT	COURSE NUMBER	SECTION	CREDIT HOURS	START DATE	END DATE	PAY HOURS	RATE	TOTAL PAY	FOAP
								$0.00	
								$0.00	

OR $0.00

POSITION NUMBER - _____

START DATE	END DATE	HOURLY RATE*	OR	FLAT RATE	FOAP

RESPONSIBILITIES (define briefly):

*Semi-monthly employees must be paid an hourly rate due to Federal Wage and Hour Regulations.

This request is in compliance with TBR Policy 5:02:04:00 (APSU 5:028) Summer Session, Intercession, and Extra Compensation: Yes ☐ No ☐

Submitted by _____ _____ Date _____
Dept/Area/Other Chair/Coordinator/Other

Recommended for Payment _____ Date _____
Dean/Director/Other

Signature of Supervisor _____ Date _____

Signature of Employee _____ Date _____

Rev 12/09

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