



**AUSTIN PEAY STATE UNIVERSITY**  
**Faculty Extra Compensation Form**

Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
 A#: \_\_\_\_\_ Name: \_\_\_\_\_  
 New Form: \_\_\_\_\_ Correction to Previous Form: \_\_\_\_\_

**TEACHING & ADMINISTRATIVE – Standard Workload**

TERM	DEPT	COURSE # & SECTION	Brief Description	CREDIT HOURS	ENROLLMENT	WLC

**TEACHING – Overload**

Total Standard WLC:

TERM	DEPT	COURSE # & SECTION	CREDIT HOURS	ENROLLMENT	WLC	RATE OF PAY	TOTAL PAY	FOAP	Status

**ADMINISTRATIVE & GRANTS – Overload**

Start Date	End Date	Description of Duties	WLC	PAY	FOAP	Status

Total WLC:	_____
Total Extra Pay:	_____

**APPROVALS**

_____ / _____	Signature	_____ / _____	Date
Employee			
_____ / _____	Signature	_____ / _____	Date
Supervisor of Administrative Duties (if necessary)			
_____ / _____	Signature	_____ / _____	Date
Director of Research & Sponsored Programs (if necessary)			
_____ / _____	Signature	_____ / _____	Date
Department Chair			
_____ / _____	Signature	_____ / _____	Date
College Dean			
_____ / _____	Signature	_____ / _____	Date
Provost			