



AUSTIN PEAY STATE UNIVERSITY

Staff Extra Compensation Form

A#: _____

Name: _____

Administrative
Professional
Clerical/Support*

Assignment Information				
Department		Target Start Date		End Date
Responsibilities				
Pay Information				
Pay Type:	Lump Sum (Paid at end of assignment)		Lump Sum Payment	
	Monthly Stipend		Monthly Amount	Number of Payments
	Hourly Rate*		Hourly Rate	Average Hours Per Week
FOAP	Fund	Org	Account	Program

*Clerical Support employees must receive extra compensation as an hourly rate.

Approval Signature(s)

Hiring Manager Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Grants Approval Signature: _____ Date: _____
(If Applicable) (Director of Grants & Sponsored Research)

Grants Approval Signature: _____ Date: _____
(If Applicable) (Grants Accountant)

Employee Signature: _____ Date: _____