

THE CITADEL REQUEST FOR ADDITIONAL PAY OR COMPENSATION

I. REQUESTING DEPARTMENT

Employee Status: Covered Citadel Employee Adjunct Other: _____

Employee's Name: _____ Position Number: _____

Department: _____ Account To Be Charged: _____

Type of Pay:	Dates of Service:
<input type="checkbox"/> Summer Session I (Day) Course Name: _____	_____
<input type="checkbox"/> Summer Session I (Evening) Course Name: _____	_____
<input type="checkbox"/> Summer Session II (Day) Course Name: _____	_____
<input type="checkbox"/> Summer Session II (Evening) Course Name: _____	_____
<input type="checkbox"/> Maymester Course Name: _____	_____
<input type="checkbox"/> Fall Term (Adjunct Only) Course Name: _____	_____
<input type="checkbox"/> Spring Term (Adjunct Only) Course Name: _____	_____
<input type="checkbox"/> Award Course Name: _____	_____
<input type="checkbox"/> Other: Course Name: _____	_____

Proposed Salary: _____	Method of Payment:
	<input type="checkbox"/> Lump Sum Effective Date to be Paid: _____ <input type="checkbox"/> Installments # of Installments: _____ Date of 1 st Installment: _____

Authorized Signature Date

II. FINANCE DEPARTMENT

Approved Funding of \$ _____

Comments: _____

VP Finance or Budget Director Date

III. HUMAN RESOURCES

Approved Salary of \$ _____

<u>TIME INPUT PROCESS</u>	<u>ASSIGNMENT PROCESS</u>
Active Assignment No. _____	Job Code: _____ Earning Code: _____
Earning Code: _____	Assignment Begin: _____ Assignment End: _____
Effective Date of Payment: _____	Salary Schedule: _____ Salary Rate: _____
	Annual Salary: _____

Human Resources Manager Date

Employment Specialist Date