



Request for Extra Compensation for Biweekly Employees
(Must be submitted and approved prior to service being performed)

Date submitted

81

Employee's name

Employee ID #

Please provide a brief description of work to be performed and explain why this additional compensation is necessary:

Empty box for work description

Total payment requested

Not less than 1.5 times the employee's current rate of pay for any hours in excess of forty hours worked per week.

Number hours for this additional work to be performed

Number hours for this additional work to be performed

From

To

Dates this additional work to be performed.

Home department information

Home department information form with fields for title, department, school, pay type, rate, and approval signature.

Requesting department* information

Requesting department information form with fields for department, school, funding source, and approval signatures.

- After obtaining all signatures:
- This form should be returned to the requesting department
- The requesting department should forward the completed form to UGA Payroll
- The requesting department should submit the total amount indicated above on their monthly payroll as "special comp"

* It is the responsibility of the requesting department to notify the employee's home department of this extra compensation agreement