

INSTRUCTIONS This form is used to request approval for payment of extra compensation for monthly paid employees only, in accordance with Texas AgriLife Procedure 31.01.01.A1.04 located at <https://agrillifeas.tamu.edu/documents/310101a104.pdf> . Individuals who have been deemed as an Independent Contractor do not need to complete this form. This form **MUST** be completed and submitted to the appropriate Human Resources unit **PRIOR** to services being performed and entered in Workday. HR will determine if the extra compensation will be processed as a One-Time Payment, Add Additional Job or other salary action in Workday, and will provide guidance back to the department once review is complete.

Employee Name (Print)	Employee UIN
Employee Signature * Date	Employee Position Number (PIN) & Title
Proposed Duration of Service (From and Thru Dates)	Proposed Work Schedule & Total Hours
Explanation of (Proposed) Services	
(Proposed) Payment Amount and Frequency	
Proposed Full Account Number (xx-xxxxxx-xxxxx)	
Proposed Activity Department HR Unit Contact Name	Email Phone Number

Primary Dean or Designee Name (Print)

Unit HR Contact will Submit Form To: AgriLife Human Resources via Email: AgriLifeHR@ag.tamu.edu or via Work In Progress – HR in Laserfiche.
For questions concerning this form, please call AgriLife Human Resources at: 979-845-2423.