



## REQUEST FOR COMPENSATION FOR CONTRIBUTION TO A CONTINUING EDUCATION OR OTHER EXTRA CURRICULAR ACTIVITY

*To be completed BEFORE the activity or program begins.*

Program Title: \_\_\_\_\_ Date of Activity or Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Account No.: \_\_\_\_\_

Describe Contribution or Activity: \_\_\_\_\_

**If Employee is Non-Exempt (Bi-Weekly), complete the following questions regarding the extra-curricular activity:**

Work is Occasional/Sporadic?  
 Yes  No

Solely at employee's discretion?  
 Yes  No

Work is outside the scope of employee's normal job duties?  
 Yes  No

It is requested that permission be granted to pay the following employee the amount designated for participation in a continuing education or other extracurricular activity. This service will be rendered over and above the employee's regular duties and the resulting time and effort will contribute significantly to the overall success of the program. This payment plus all others will not exceed any internal limits established by the institution or agency for supplemental pay. List the following information for the employee. Please reference Texas AgriLife Procedure 31.01.01.A1.04, located at <http://agrilifeas.tamu.edu/library/pdf/rules-procedures/310101a104.pdf> for additional information.

EMPLOYEE'S NAME	UIN	TITLE	PIN #

DEPARTMENT	TOTAL HOURS	TOTAL \$ REQUIRED	EMPLOYEE'S SIGNATURE**

APPROVAL RECOMMENDED: (Employing Unit)

\*My signature below certifies that this is intermittent work and that no one in this unit can perform this work, nor is anyone currently paid from this project or activity who could do this work.

\_\_\_\_\_  
\*Activity Director (Employing Unit)                      Date

\_\_\_\_\_  
\*Department Head (Employing Unit)                      Date

APPROVAL RECOMMENDED: (Current Unit)

\_\_\_\_\_  
Department Head (Current Unit)                      Date

\_\_\_\_\_  
Chief Human Resources Officer (Current Unit)                      Date

\_\_\_\_\_  
Dean, Director, or Designee (Current Unit)                      Date

\*\*By signing you confirm that this activity will be performed in addition to your regular responsibilities without reducing effort or otherwise sacrificing the amount or quality of time spent on regular responsibilities.

**NOTE:** In order to process this document for payment, a monthly supplemental form must be completed by the sponsoring unit and submitted to Payroll.