

Extra compensation is given compensation to Faculty, Administration, and Staff for contracted activities in excess of the established FTE of the primary position or the simultaneous appointment of an employee in a benefit earning position and a Temporary non-benefit earning position. Activities that qualify for extra compensation include credit instruction, non-credit instruction, temporary assignments to sponsored projects, and other temporary consulting arrangements, normally across departmental lines. Extra compensation does not include Special Pay Increases or Pay for Performance.

**This form must be submitted to Central Human Resources, Health HR or Regional HR Office for review and approval prior to the start date of appointments for new, extensions, and reappointments for extra compensation.**

<b>Employee Name:</b>	<input style="width: 95%;" type="text"/>	<b>Employee ID:</b>	<input style="width: 95%;" type="text"/>
	<b>PRIMARY EMPLOYER</b>		<b>SECONDARY EMPLOYER</b>
<b>Campus:</b>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<b>College/Division:</b>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<b>Department:</b>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>

Faculty appointments must comply with the Academic Affairs Policy Statement on Faculty Extra Compensation, including but not limited to: The amount of extra compensation will be negotiated between the employee and secondary employer with the approval of the primary employer. For faculty teaching credit classes, the rate of pay will be a maximum of 4.167% of the full-time rate of pay for a nine-month faculty member and 3.408% of the full-time rate of pay for twelve-month faculty for each credit hour taught for extra compensation. For faculty engaging in university non-credit instruction activities the amount of compensation should reflect a reasonable market price. Maximum allowable FTE 1.25, unless supporting paperwork, such as notification and pre-approval from the Dean's office is attached. Funds in Research Initiatives may not be used to pay Extra Compensation to Employees.

- Compensation of a USF employee simultaneously from salary appropriation and non-salary appropriations.
  - Appointment to one Faculty/Staff/Administration position and a Temporary (formerly OPS) appointment at the same time.
- Compensation of a USF employee for employment in excess of the established FTE of the position.
  - Appointment to more than one Faculty/Staff/Administration appointment simultaneously when total hours exceed 40.

**Reason for additional compensation:**

**Credit Course** Course Title:  CRS Prefix:   
 Credit Hours:  Contact Hours:  Location:  Sec. #:

**Non-Credit Course** Course Title:   
 Weekly Contact Hours:  Location:

**Contract or Grant Activities (Must complete Appendix A)**

Project Title: <input style="width: 400px;" type="text"/>	Project Begin Date: <input style="width: 120px;" type="text"/>
Project ID: <input style="width: 150px;" type="text"/> Fund ID: <input style="width: 120px;" type="text"/>	Project End Date: <input style="width: 120px;" type="text"/>
Project Combo Code: <input style="width: 150px;" type="text"/>	Location: <input style="width: 120px;" type="text"/>

**Other Services (Must complete Appendix B)**

<b>Secondary Appointment Begin Date: Total</b> <input style="width: 180px;" type="text"/>	<b>End Date:</b> <input style="width: 180px;" type="text"/>
<b>Payment:</b> <input style="width: 180px;" type="text"/>	

**EMPLOYEE:** I accept the assignment and terms as outlined above. I certify that the time commitment involved does not constitute a conflict of commitment with respect to the performance of my assigned university duties. I understand that this is a temporary assignment by the university. **If I am involved in outside activity or currently have any other extra compensation assignments, I certify that I have notified the secondary employer.** (After signing, return to the Secondary Employer.)

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 Employee Print Name

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 Employee Signature

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 Date
 

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**SECONDARY Employer:** I certify that the named employee has been given the assignment outlined above; that the terms of this assignment are complete and accurate; and, for contract or grant activities, that this assignment complies with all sponsor terms and conditions. (If the duties of this secondary employment are not exempt from the Fair Labor Standards Act, I accept liability for payment of overtime when the hours of this work, in addition to his/her primary employment, causes the employee to exceed 40 hours in a work week.)

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 Secondary Employer Print Name/Title

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 Secondary Employer Signature

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 Date
 

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**PRIMARY Employer:** The named employee has my approval to perform these additional duties and they meet university conditions for extra compensation. I certify that the time commitment involved does not constitute a conflict of commitment with respect to the performance of the employee's primary assigned university duties.

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 Primary Employer Print Name/Title  
(If Employee is faculty, must be Chair or Unit Head.)

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 Primary Employer Signature

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 Date
 

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 Dean's Name/Title (Required for faculty only.)

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 Dean's Signature

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 Date
 

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**If the source of pay is a contract or grant, forward this request to Sponsored Research for completion of this section. Sponsored Research should return the completed request to the Secondary Employer.**

Extra compensation is allowed by the sponsoring agency and meets OMB Circular A-21, if applicable.

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 SR Administrator Name/Title

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 SR Administrator Signature

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 Date
 

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**Verification of Sufficient Funds:**

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 Grant Financial Administrator Name/Title

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 Grant Financial Administrator Signature

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 Date
 

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**Concurrence With Above Certifications:**

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 VP for Research or Designee Name/Title

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 VP for Research or Designee Signature

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 Date
 

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**CHR Classification & Compensation Representative:**

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 Class & Comp Representative Name

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 Class & Comp Representative Signature

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 Date
 

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**Appendix A - Additional Information For Extra-Compensation On Grants & Contracts**

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Sponsor:	<input type="text"/>		
FAST Award #:	<input type="text"/>		

<b>All conditions following must be met for payment of extra-compensation to faculty on federal contracts and grants. For payment on non-federal contracts and grants, only conditions 2 and 3 must be met.</b>	
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultation is across department lines or involves a separate or remote operation.
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	The work performed is in addition to the employee's regular department assignment.
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Faculty Only: The terms are specifically provided for in the contract/grant agreement or have been approved in writing by the sponsoring agency and appropriate USF responsible authorities. <b>NOTE: Principal Investigators and Co-Principal Investigators are not permitted to earn extra-compensation on their grants.</b>

**Reasonableness of Pricing**

If the compensation amount is in excess of the employee's institutional hourly base rate, please provide justification for the proposed rate of extra-compensation and attach supporting documentation.

**Appendix B – Secondary Position Duties & Responsibilities**
**APPOINTMENT SUMMARY**
*Type a short summary of the duties*

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**DUTIES AND RESPONSIBILITIES**

#	% Time	Essential?	Responsibility/Duty
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LEVEL OF IMPACT**
**How will this position use independent judgement and discretion to influence program direction?**

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**How will this position be involved in situations in which the employee will affect or make exceptions to policy?**

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**What level of budget/spending authority will this position have?**

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**What other employees, if any, will this position supervise? (Requires Central Human Resources Approval)**

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