

**College of Engineering
North Carolina State University**

Additional Compensation Form

Employee Name:

Employee ID:

Base Salary:

Department/Unit:

Work Begin Date:

Work End Date:

*(Time Periods: Academic Year = August 16 – May 15 or Fiscal Year = July 1 – June 30 or Summer = May 16 – August 15
(May 16 – May 31; June 1 – June 30; July 1 – July 30; August 1 – August 15))*

Project ID

Amount

% Effort (optional)

Project ID

Amount

% Effort (optional)

Description of Services:

AWS (Alternate Work Schedule) Details (optional):

Employee Signature: _____

Date: _____

Approval of Employee: Approval of Employee is an agreement to perform the identified service at the amount specified. Note: Distance Education is estimated until enrollment is confirmed.

Department/Unit Head Signature: _____

Date: _____

Approval of Home Department/Unit: Total effort is not in conflict with employee's regular duties.

Funding Department/Unit Head: _____

Date: _____

Approval of Department/Unit Requesting Service(s): Approval indicates to the amount to be paid for the indicated services. Note: Distance Education is estimated until enrollment is confirmed.

Dean or Designee Signature: _____

Date: _____

Approval of Dean/Director or Designee: Approval indicates Acknowledgement of Additional compensation being paid and justification is sufficient.