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# SUPPLEMENTAL COMPENSATION FORM

# *Updated June 2021*

The purpose of this form is to document work being proposed for a grant in addition to an employee’s existing responsibilities. This form will document when a St. John Fisher University employee may receive supplemental compensation from a grant to perform work that is explicitly above and beyond the responsibilities associated with their existing position during the grant period and excluded from their institutional base salary.

**Section 1 – EMPLOYMENT STATUS INFORMATION**

|  |  |
| --- | --- |
| Employee Name: | Home Department/Division: |
| Email Address: | Employee Banner ID: |
| Position name and description:  *(attach current position description, if applicable)* | Employee class:  Academic Year (9/10 months)  ☐ Fiscal Year (12 months)  Hourly  Other |
| I hereby acknowledge that I am fulfilling all the responsibilities of my employment. | |

**Section 2 – GRANT AWARD DETAILS**

|  |  |
| --- | --- |
| Project Role:  PD/PI  Co-PD/PI  Senior/Key Personnel  Other (explain): | Project Period: |
| Project Lead PI/PD (if not identified above): | |
| Project/Grant Title: | |
| Agency/Sponsor’s Name: | Agency/Sponsor Award Number: |

**Description of the work to be completed that is above and beyond normal role and responsibility (ex., temporary duties that are not included as part of the institutional base salary or wage).**

|  |  |
| --- | --- |
|  | |
| **Period of time when supplemental work will be completed (anticipated dates):** | fall semester  spring semester  summer semester |
| **Effort expended to complete supplemental work:**  Number of months:  Percentage effort over a period of months:  Number of hours per week (for hourly employees):  Other: | |
| I hereby acknowledge that the work described above will be performed in addition to my regular responsibilities and will not interfere with my ability to meet them. | |

**Section 3 - CERTIFICATION AND APPROVALS**

I hereby certify that the information included in this document is accurate to the best of my knowledge.

**Employee Name (Print):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval**

Your signature indicates that you have reviewed the request for supplemental compensation and agree that the proposed activities will be performed above and beyond regular roles and responsibilities and demonstrate a rare circumstance. Furthermore, you agree that the proposed additional activities will not interfere with the performance of regular institutional obligations.

|  |  |
| --- | --- |
| Dean, VP, or Divisional Head | Name:  Signature: Date: |
| AVP HR | Name:  Signature: Date: |

**Section 4 – COMPENSATION REQUEST**

**To be completed 30 days prior to the start of the grant assignment.**

|  |  |
| --- | --- |
| Date Submitted: | |
| Start date: | End date: |
| FOAP: | Amount: |

By signing below, I certify that I have reviewed this request carefully and that it conforms to the Policy Regarding Additional Compensation. I hereby approve this request.

|  |  |
| --- | --- |
| PI/PD or divisional head\* | Name:  Signature: Date: |
| Controller’s Office | Name:  Signature: Date: |

\*In the event that the PI/PD is requesting additional compensation, the divisional head’s signature is required.

Office Use Only

|  |  |
| --- | --- |
| Date received | Date processed |

Definitions/Procedures:

Sections 1, 2 and 3 are to be completed during the grant proposal process.

Section 4 is to be completed by PI no less than 30 days prior to the start of the grant assignment (including signed Sections 1, 2, & 3).

Compensation will be made evenly over the pay periods from the start to end date of assignment.