

Research Extra Compensation Pay Authorization

EMPLOYEE INFORMATION

Date Prepared	<input type="text"/>	Research Extra Comp Position Number	<input type="text"/>
Employee Name	<input type="text"/>	Employee Position Title	<input type="text"/>
University ID	<input type="text"/>	Requestor Name	<input type="text"/>
Home Orgn Number/Description	<input type="text"/>	Requestor Phone	<input type="text"/>

REQUESTED PAY INFORMATION

Dates Worked	<input type="text"/>	Comments	<input type="text"/>
Begin Date	<input type="text"/>	End Date	<input type="text"/>
Days Paid	<input type="text"/>	Daily Rate	<input type="text"/>
Total \$	<input type="text"/>		

FUNDING SOURCE

Fund	Orgn	Account	Fund Title	Percent	Total \$
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
			Total	<input type="text"/>	<input type="text"/>

APPROVALS

I certify that, to the best of my knowledge, the information provided on this form is true and correct. The authorizing signature above denotes that expenditures comply with all applicable cost principles and regulations of the sponsoring entities.

Department/PI	_____	Date	_____
Director/Department Head	_____	Date	_____
Dean	_____	Date	_____
Research	_____	Date	_____
HRIS	_____	Date	_____

**Approved Research Extra Compensation Pay Requests received by Payroll
after the 15th of the month will be included in the next month's pay.**