



GEORGIA INSTITUTE OF TECHNOLOGY
EXTRA COMPENSATION - DEPARTMENTAL AGREEMENT FORM

Institute personnel (staff, academic faculty, and research faculty) may be paid extra compensation for performing certain duties in addition to normal job responsibilities in accordance with Board of Regents (BOR) Policy. The approved form may be scanned, attached and emailed to pay.ask@ohr.gatech.edu or mailed to Georgia Tech Human Resources Payroll, MC 0435. Payment will be included with the next available payroll unless other arrangements have been made.

1. PROVIDING DEPARTMENT _____ REQUESTING DEPARTMENT _____

2. PROVIDING/REQUESTING DEPARTMENT'S NEED for and description of services/duties to be performed (attach additional sheets if necessary).

3. PROVIDING/REQUESTING DEPARTMENT'S JUSTIFICATION for obtaining part-time services from a current Georgia Tech employee in lieu of obtaining such services from a person not presently employed by Georgia Tech. (attach additional sheets if necessary).

- a. The services described above fall outside of the employee's normal job responsibilities. Y N
b. Work performed after normal job or business hours? Y N
c. Annual leave will be taken for work performed during normal job hours. Y N

4. PROVIDING DEPT. EMPLOYEE'S INFORMATION:
NAME _____
EMPLOYEE ID # _____
EMPLOYEE'S SIGNATURE _____
DATE _____

Employee to perform services as (mark one)
_____ Dentist _____ Chaplain
_____ Registered Nurse _____ Certified Interpreter for Deaf Persons
_____ Licensed Physician _____ Teacher or Instructor of an evening or night course or program
_____ Fireman
_____ Licensed Practical Nurse _____ Professional holding a doctoral or master's degree from an accredited college or university
_____ Psychologist
_____ Part-time employee

5. PAYMENT INFORMATION: Subject to performance of services.

- a. PS Project Number _____ Extramural Sponsored Project? _____
- b. Funding department _____ Requesting department _____ Providing department _____
- c. Employee Standard Pay Rate _____ per month year hour
- d. Estimated Extra Compensation _____
- e. Period of Service (up to qtrly) _____
- f. Will other Extra Compensation be paid to the employee during this period? Y N
- g. Will Total Extra Compensation paid during the period exceed 30% of the Standard Pay Rate during the period? Y N
- h. Hours worked (required for non-exempt workers) _____

6. CONTACT INFORMATION:

PROVIDING DEPARTMENT

RECEIVING DEPARTMENT

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

7. PROVIDING DEPARTMENT'S CERTIFICATION OF AVAILABILITY OF EMPLOYEE:

I certify that the above person is available to perform the described services and that the performance of these services will not detract from nor have a detrimental effect on the performance of the person's regular employment.

APPROVED BY:	
_____ Employee's Supervisor	_____ Date
_____ Department Head – Providing Dept.	_____ Date
_____ Department Head – Requesting Dept.	_____ Date

8. ADDITIONAL APPROVAL AND JUSTIFICATION (required for amounts exceeding 30% of standard pay during the period):