



Academic Year Additional Compensation Form
(for Academic Year Faculty only)

University of Massachusetts – Amherst

EmplID _____ Rcd ____

This form is to be used to grant approval for participation in and payment of additional compensation for faculty. The Additional Compensation Policy (T01-12) and Amherst campus guidelines appear on the reverse side of this form. Submit the completed form to the Division of Human Resources.

SECTION A: To be completed by the Funding Department

Employee Name _____

Faculty Title _____

Home Dept Name _____ Funding Dept Name _____

Appointment Period From _____ To _____

Recommended Bi-Weekly Ad Comp _____ X $\frac{\text{# of biweekly payperiods}}{\text{# of biweekly payperiods}}$ = Recommended Total Ad Comp _____

Current Annual Salary (FTE) _____

Funding:	HR Combo Code _____	Fund _____	<u>Type of Funds:</u>
	Dept ID _____	Project/Grant _____	Federal/State Grant/Contract*
			NSF *
			Private Grant/Contract **
			Other
_____ Principal Investigator Signature			
<i>* Additional compensation funded by federal sources is only allowed in unusual circumstances for consultation across departmental lines if work is performed in addition to regular department load and such agreement is specifically provided for in the agreement or approved in writing by the sponsoring agency (attach copy of award page).</i>			
<i>** Faculty may only receive additional compensation from private sources when no effort is budgeted or charged to federal or state grants and contracts during the academic year. (Attach copy of award page)</i>			

Description of Services:

APPROVED BY:

_____ Date _____ Dean/Vice Chancellor _____ Date _____

Form Prepared by: _____ Name _____ Email _____ Phone _____ Date _____

SECTION B: To be completed by the Home Department

Additional Compensation for this faculty member is: APPROVED DISAPPROVED

_____ Date _____ Dean/Vice Chancellor _____ Date _____

SECTION C: To be completed by Human Resources and Controller's Office

HR USE ONLY

CONTROLLER USE	Acct Cd	Amt	Date	By
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