



**Additional Compensation Form**  
(for Calendar Year Faculty Only)

University of Massachusetts – Amherst

EmplID \_\_\_\_\_ Rcd \_\_\_\_\_  
8 Digits

This form is to be used to grant approval for participation in and payment of additional compensation for faculty on calendar year appointments. 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 AdComp \$ \_\_\_\_\_ X \_\_\_\_\_ = Recommended Total Ad Comp \$ \_\_\_\_\_  
# of biweekly  
payperiods

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		
* 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).			
** 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 calendar year. (Attach copy of award page)			

Description of Services:

APPROVED BY:

Department Head/Director	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

Department Head/Director	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