

Additional Compensation Eligibility Verification & Certification Form for Sponsored Agreements
Must accompany the HR Authorization for Additional Compensation Request

Employee: _____ PI/PD: _____

Project Title: _____

Sponsor: _____ FOP # _____ (current awards only)

Term of activity: (begin) _____ (end) _____

Incidental work / short-term task (one month or less)

☐ work is clearly in addition to the normal workload **AND** performed outside of normal work hours
AND [select service(s) - mark all that apply] **Describe in detail:**

- ☐ preparation of on-line course(s)
- ☐ delivery of off-campus instruction
- ☐ training institute / workshop for external entities
- ☐ delivery of off-campus services (to non-SFA)

OR

Intra-university consulting

☐ in addition to the normal workload **AND** beyond professional courtesy

AND [mark all that apply]

☐ across departmental lines ☐ work occurs at a separate or remote location

Describe in detail:

I certify that the above is true and correct.

Employee

Date

I certify that the above activities are outside of the contractual obligations or job description of the individual; the request is appropriate and will not adversely affect department functions.

Employee's Chair, Director, or Dean

Date

FOR ORSP USE ONLY (staff initial and date)

_____ The sponsor specifically approved additional compensation as described in:

☐ the submitted proposal budget ☐ other written documentation.

_____ This additional compensation request meets SFA policy and guidelines and does not exceed the employee's regular rate of pay.

_____ This request clearly defines the incidental or consulting activity in sufficient detail to compare to the activities approved by the sponsor.