

# EXAMPLE

## Additional Compensation Form

TO BE COMPLETED BY SUPERVISOR REQUESTING ADDITIONAL COMPENSATION			
EMPLOYEE'S NAME	PERSONNEL NUMBER	DUAL EMPLOYMENT BUREAU OF INSTITUTION	
Jane Doe	123456	East Stroudsburg University	
REQUESTED CLASS TITLE AND DESCRIPTION OF DUAL EMPLOYMENT DUTIES			
<p><u>Class Title:</u> Principal Investigator</p> <p><u>Duties:</u> Project Director for <i>Better Teacher Training</i> grant from PA Department of Education (see corresponding Time and Effort Worksheet(s) for time period defined below)</p>			
DATES SERVICES WERE RENDERED (Authorization may not be effective for more than one year.)		TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE DONE	
Begin: September 1, 2018 End: September 30, 2018		September 2018	
REQUESTED PAY RANGE AND STEP: OTHER RATE OF PAY: \$60/hour; 10 hours	RATE OF PAYMENT IS STIPULATED IN ( ) COMMONWEALTH PAY SCHEDULE ( ) FEDERAL GRANT NO. (X) STATE GRANT NO	TOTAL PAYMENT REQUESTED <b>\$600 plus fringe</b>	
JUSTIFICATION FOR DUAL EMPLOYMENT AND RATE OF PAY (If more space is needed, use reverse side of this form.)			
<p><i>Better Teacher Training</i> grant project period is from July 1, 2018 – June 30 2019. This grant stipulates \$60/hr plus fringe compensation for PI.</p> <p>See corresponding Time and Effort Worksheet(s) for details of work performed.</p> <p><b>WBS: 3038111111.1</b></p>			
Requested dual employment is necessary to the proper function of this agency. The employee's primary duties will not interfere with the dual employment and the dual employment is not in violation of the Code of Ethics, the Administrative Code of 1929, or the State Adverse Interest Act.			
(X) APPROVED		( ) DISAPPROVED	
SIGNATURE OF SUPERVISOR <i>My Dept Head</i>	SIGNATURE OF PROVOST	SIGNATURE OF GRANT ACCOUNTANT	SIGNATURE OF DIRECTOR OF HUMAN RESOURCES
DATE SIGNED <i>10/10/18</i>	DATE SIGNED	DATE SIGNED	DATE SIGNED