



REQUEST FOR COMPENSATION FOR CONTRIBUTION TO A CONTINUING EDUCATION OR OTHER EXTRA CURRICULAR ACTIVITY

To be completed BEFORE the activity or program begins.

Program Title: _____

Date: _____

Sponsor: _____

Account No.: _____

Activity Director: _____

Date of Program: _____

It is requested that permission be granted to pay the following faculty and/or staff member, who is employed full time with the The Texas A&M University System, the amount designated for participation in a continuing education of other extracurricular activity. This service will be rendered over and above the employee's regular duties and the resulting time and effort will contribute significantly to the overall success of the program. This payment plus all others will not exceed any internal limits established by the institution or agency for supplemental pay. List the following information for the faculty or staff member. Please reference Texas AgriLife Procedure 31.01.01.AP4, located at: <http://aghr.tamu.edu/rules-a/310101ap4supcomp.htm> for additional information.

EMPLOYEE'S NAME	UIN	TITLE	PIN

DEPARTMENT	HOURS SPEND ON PROJECT	TOTAL \$ REQUIRED	EMPLOYEE'S SIGNATURE

APPROVAL RECOMMENDED: (Unit of Faculty or Staff Member)

APPROVAL RECOMMENDED: (Sponsoring Unit)

 Activity Director Date

 Department Head Date

 Chief Human Resources Officer Date

 Department Head Date

 Dean, Director, or Designee Date

NOTE: In order to process this document for payment, a monthly or biweekly supplemental form must be completed and attached to this form, once approved.