



Additional Compensation (Multiple Assignment) Request for Research Grant/Time-Limited Positions

To Be Completed by Requesting Department	
Department Name:	
Empl ID:	Name: (Last, First, Middle)
Description of Services to Be Performed:	
Dates of Services to Be Performed: Begin: _____ End: _____	
Time of Services to Be Performed: From: _____ a.m./p.m. To: _____ a.m./p.m.	
Total Number of Hours to Be Worked Per Week:	
Note: Research grant/time-limited employees working 30 hours or more per week are mandated by the Affordable Care Act (ACA) to be entitled to insurance. I understand that costs will be charged based on total university hours worked. If the employee's total hours per week equal or exceed 30 hours, the department(s) will be billed employer fringe proportionately for any applicable insurance the employee elects.	
Employee's Signature:	Date:
Authorized Requesting Signature:	Date:
To Be Completed by Employing (Home) Department	
Home Department Name:	Position #:
Class:	Current Annual Salary:
Brief Description of Job Duties of Primary Position:	
Normally Scheduled Hours of Work: From: _____ a.m./p.m. To: _____ a.m./p.m.	
Exempt:	Non-Exempt:
Total Number of Hours Worked Per Week:	
Note: Research grant/time-limited employees working 30 hours or more per week are mandated by the Affordable Care Act (ACA) to be entitled to insurance. I understand that costs will be charged based on total university hours worked. If the employee's total hours per week equal or exceed 30 hours, the department(s) will be billed employer fringe proportionately for any applicable insurance the employee elects.	
Authorized Home Dept Signature:	Date:
To Be Completed by Division Human Resources	
Approved:	Disapproved:
Comment:	
Salary Administration Signature:	Date: