

REQUEST FOR COMPENSATION FOR ACTIVITIES
(For current employee's ONLY)

To be used for Western Connecticut State University employees only.

To expedite the processing of this form, please make sure that all questions are answered completely. Requests should be filed at least **THREE (3) WEEKS** prior to the start of the engagement. If you have any questions, please contact the Human Resources office at ext. 78662.

UNDER NO CIRCUMSTANCES ARE ANY SERVICES TO BE PERFORMED UNLESS THE DEPARTMENT HAS RECEIVED APPROVAL.

Procedure:

1. Complete the form and obtain signature for **PART A** and forward to the Associate Vice President for Human Resources. If the payment requested is above \$500, **PART B** must be completed by the appropriate Vice President prior to forwarding to Human Resources.
2. After approval by the Associate Vice President for Human Resources, a copy will be sent to the Financial Manager who is responsible for the Banner Org. Account and the Payroll office. This is the Financial Manager's notice that the request has been approved.
3. After the engagement has been completed, in order to process the payment, the Financial Manager requesting the payment must complete **PART E** and return the form to the Payroll office. If the payment is for the Financial Manager or the Financial Manager is unavailable, the signature of the Dean/VP or President will be required*. The payment will be included with the employee's regular payroll.

Department _____ Payment Requested By _____

Signature of Financial Manager _____ Date _____

Banner Org. # _____ Financial Manager (print name) _____

Payment To Be Made To _____ Banner ID # _____

Complete Description of Services _____

Date(s) of Engagement _____ Amount of payment _____

APPROVALS:

PART A

Signature of Dean/VP/President _____ Date _____

PART B (required if request is over \$500)

VP. of Appropriate Division/President _____ Date _____

PART C

Associate VP, Human Resources _____ Date _____

PART D

Fiscal Affairs Office _____ Date _____

PART E *Notice to Payroll Office:* I verify that the service described above has been performed and approve payment for the same.

Signature of Financial Manager* _____ Date _____

*Signature of Dean/VP/President _____ Date _____

(*Only required for payments on behalf of Financial Manager)