



EMPLOYEE REQUEST FOR COMPENSATION FOR ACTIVITIES # _____
(CURRENT EMPLOYEES ONLY)

Purpose: This form is to be used in order to make a payment to a current employee of Western Connecticut State University for a specific service provided, which is outside of the scope of work they normally perform in their current position.

Procedure:

- 1. The Financial Manager completes the Requesting Department section and then forwards the form to the Human Resources department. This should be completed no later than two (2) weeks prior to the date the service is to be performed.
2. The Human Resources department will review and approve the form, obtain the necessary approval from the Financial Planning & Budget Office, and then email a copy of the approved form to the Financial Manager and the Employee who will receive the payment.
3. Upon completion of the specified activity, the Financial Manager shall sign and date in the Completed Services section and then forward the completed form to the Payroll department.
4. The Payroll department will include the payment in the employee's next available regular biweekly paycheck.
5. It is important to note that no services are to be performed unless both the Employee and Financial Manager have received the approval referenced in #2 above. If you have any questions regarding this form and/or process, please contact the Human Resources department at 203-837-8631.

REQUESTING DEPARTMENT

Department: _____ Payment Requested by: _____

Financial Manager (Print Name): _____ Banner Org Title: _____ Banner Org #: _____

Financial Manager (Signature): _____ Date: _____

Employee Receiving Payment: _____ Core-CT Employee # _____

Description of Services to be Performed:

[Empty box for description of services]

Date(s) of Engagement: _____ Total # of Hours for Assignment: _____

Employee's Hourly Rate: \$ _____ * Total Compensation: \$ _____ (Hours of Assignment * Hourly Rate)

When applicable: Cost of Fringe (Due University) \$: _____

* Employees should normally be paid based upon their current position hourly rate; however, in some instances this may not be appropriate. If this is such a situation, please list the rationale below describing the reason to use an alternate rate of pay.

[Empty box for rationale]

Approval Signatures

Academic Dean: _____ Date: _____

Vice President/President: _____ Date: _____

FINANCIAL PLANNING & BUDGET OFFICE

Fund _____ Org _____ Acct _____ Prog _____ Z Index _____

Budget/Grant/Foundation Approval Signature: _____ Date: _____

HUMAN RESOURCES DEPARTMENT

Chief Human Resources Officer Approval Signature: _____ Date: _____

COMPLETED SERVICES

The below signature verifies that the service described above has been completed in full and authorizes the payment to be made.

Financial Manager Approval Signature: _____ Date: _____