

OFFICE OF HUMAN RESOURCE ADMINISTRATION
AUTHORIZATION FOR PAYMENT OF ADDITIONAL COMPENSATION FOR STAFF ONLY

USP - 7
Rev. 03/2024

Name: Regular Department:
Employee ID Number: Temporary Department:
Regular Job Title: Begin Date: End Date:
Employee Record Number:
Nature of Responsibilities: Description must include duties to be performed. If teaching , list course name/day(s) and time(s) of class schedule, **or indicate its asynchronous status**
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Justification for employee assigned to do this work:

*If work is not outside employee's work schedule, please indicate below how the hours will be replaced:

Estimated Number of Hours: Hourly Rate: Estimated Amount of Pay:

Check the definition below that most nearly describes the work:

ADDITIONAL EMPLOYMENT (SIMILAR DUTIES). Work is similar to the duties specified in employees job description but is performed outside his/her regularly assigned work schedule for another department

ADDITIONAL EMPLOYMENT (DISSIMILAR DUTIES). Work that is substantially different from the duties specified in employees job description and is performed outside his/her regularly assigned work schedule for another department

SPECIAL EMPLOYMENT: Work that is performed by a University employee for another state agency (outside the URI payroll system).

I certify that this employment:

- is in addition to the work which is assigned as part of the normal full-time load,
- is clearly outside the assigned work schedule of the employee, (if not, complete box above to indicate how hours will be replaced *)**
- does not interfere with the performance of regularly assigned duties,
- does not provide a conflict of interest and is professionally appropriate.

Employee's Signature: Date:

Employee's Department Head Signature Date

Work Requesting Dean/Director/Agency Head Signature Date

Office of Human Resource Administration Signature Date

Please email completed form to internalpayroll@etal.uri.edu