OFFICE OF HUMAN RESOURCE ADMINISTRATION USP-7 AUTHORIZATION FOR PAYMENT OF ADDITIONAL COMPENSATION FOR STAFF ONLY

Rev. 9/07

0398

Name	Employee ID Number:	
egular Department Temporary Department		ment
Nature of Duties: Include Types of Dut	ies to be performed:	-
Justification for employee assignment to	o do this work	
Estimated Number of Hours	Hourly Rate	Estimated Amount of Pay
Check the definition below that most ne	arly describes the work assignmen	nt:
	SIMILAR DUTIES). Work that is stated is performed outside his/her in	similar to the duties specified in regularly assigned work schedule for another
	job description and is perform	t is substantially different from the med outside his/her regularly assigned work
SPECIAL EMPLOYMENT. Wor (outside the URI payroll system)	1	ty employee for another State agency
I certify that this employment:		
b. is clearly outside the assigned vc. does not interfere with the perfe	h is assigned as part of the normal work schedule of the employee, formance of regularly assigned dut interest and is professionally appro	ties,
Employee's Signature:		Date:
Employee's Department Head Signature	;	Date
Work Requesting Dean/Director/Agency	y Head Signature	Date
Office of Human Resource Administrati	ion Signature	Date