

Faculty/Academic Professionals Supplemental Compensation Request Form

Process and Instructions:

Purpose:

Pre-approval of supplemental compensation prior to the performance of work per the Conditions of Faculty Service and aligned with [supplemental pay policy](#) (eligibility)

Instructions:

The supplemental compensation process for full-time faculty and academic professionals **previously** involved two steps, **now it is one form:**

Prior to submission of this form and any related ePar (previously step 1)

The supervisor (chair) and Dean confirm the following:

- If ANY portion of the employee's salary OR supplemental pay is from a sponsored project. OVPR is contacted first for **any** amount of compensation;
- The faculty members' SOE includes a full deployment without any "re-assigned" time away from base load teaching that can or should be discontinued to allow this work to be "on-load;" and
- Awareness that compensation for teaching NAU curricular coursework as an overloaded assignment will be at a rate of \$2,000 per credit hour.

Additional information on supplemental compensation as defined in the NAU Conditions of Faculty Services, Sec. 1.7.3, can be found on the [University Policy Library website](#).

(Note: Supplemental Compensation forms for Classified Staff and Service Professionals can be found on the [Forms Index](#) page on the Human Resources website.)

Pre-Approval Instructions

It is the funding department's responsibility (in collaboration with the individual doing the work) to ensure the form is routed and signed **before** the work begins to avoid potential conflicts with contractual obligations, stipulations from granting agencies, and/or exceeding the maximum number of supplemental hours allowed per year. Beginning the work prior to this form being fully executed may result in other aspects of the SOE being changed to allow this work to be completed "on-load" without additional compensation.

- Human Resource policies for supplemental pay information can be found [here](#)
- If the funding department (the department for which the work is being done) is different from the individual's home department, signatures will be needed from both areas.
- If **any** portion of the individual's salary or supplemental compensation is from a sponsored project, a signature is required from the Office of Sponsored Projects prior to the work initiation.
- Once all parties have reviewed and signed the form, an electronic copy should be sent to the funding department and the faculty member by the Office of the Provost.
- If and when approved, the individual may proceed with the work as requested.



Faculty/Academic Professional Supplemental Compensation - Approval Form

Name: _____ Title: _____

Home Department: _____ Employee ID: _____

Fiscal Year, Academic Year, or Term during which work will be performed:
(For example, Fiscal Year 2024, Academic Year 23/24, or Spring 2024)

*Is **any portion** of your salary funded by a sponsored project (grant, cooperative agreement, contract, or subcontract)?

Please check: Yes No

*Will the supplemental compensation be paid FROM a sponsored project (grant, cooperative agreement, contract, or subcontract)?

Please check: Yes No

**Is the funding department different from your home department? Please check: Yes No

Describe your current year's teaching, advising, research and service assignment including courses taught, and indicate the percentage of time assigned to each activity or attach your current and approved Statement of Expectations.

Describe the work for which supplemental payment is requested. Include a brief description of the type of work and the dates and time (i.e., class dates and times) when work is to be performed. If pay covers instruction of a course, state the prefix and number, mode of delivery (in-person, web, or video conferencing), the number of sections, and course capacity.

Explain why the work to be performed is supplemental and could not be included in your current load to replace lower-priority activity. Please include confirmation that ALL items in the current SOE are a higher priority (relative to [NAU's Elevating Excellence plan](#)) than this supplemental work.



NAU Supplemental Employment Information

Supplemental job title and brief description of work:

Course Subject & Number (e.g. ENG101): _____ Section Number: _____ Term: _____

Course Credits Paid (not always the same as the credit load for a course): _____

Supplemental Department: _____ Beginning Date: _____ Ending Date: _____

Rate Per Hour: _____ Total Hours: _____ Total Payment: _____

Method of Payment: One-Time Bi-weekly for above period

Financial Department ID: _____ Fund: _____ Program: _____

Project: _____ Position Number: _____

I verify the following: 1- I have not accepted more than one supplemental activity per term (i.e., one 3-credit hour course) over my regular contract, 2- I agree to complete the work described here under the terms listed, and 3- I have reviewed the supplemental pay [policy](#) prior to signing this form and confirm this work assignment aligns with the policy.

Faculty Signature: _____ Date: _____

Eligibility Confirmation: Required Signatures

Supervisor (Chair/Director of home department, confirming eligibility of overload assignment)

Print Name: _____ Signature: _____ Date: _____

Funding Approval: Required Signatures

Local Financial Oversight (Funding Department)

Print Name: _____ Signature: _____ Date: _____

Dean (Funding Unit)

Print Name: _____ Signature: _____ Date: _____

Provost/Vice Provost (Funding Division) **Only required if compensation is > \$2,000**

Print Name: _____ Signature: _____ Date: _____

For HR/Payroll Use Only

Rate per Hour: \$ _____

Total Payment: \$ _____

Financials Dept ID: _____ Fund: _____ Program: _____ Project: _____

Position #: _____ FTE: _____ Job Code: _____

Prev. Cum. Amount: \$ _____

Amount this Request: \$ _____

New Cum. Amount: \$ _____

Hours

Prev. Cum. Hours: _____ New Cum. Hours: _____

Hours This Request: _____

Max = 312/Academic, 384/Fiscal

Human Resource Office Signature: _____

▶ Copy Distribution (from Dean's Office):

- Original to HR
- Copy to Home Department Local Financial Oversight & ADO/Faculty/Academic Professional
- Copy to Funding Department Local Financial Oversight (if different from home dept)