

**UNIVERSITY OF NEW HAMPSHIRE
 REQUEST FOR ADDITIONAL PAY FOR
 ADMINISTRATIVE STIPEND OR ADJUNCT APPOINTMENT DUTIES
 (for other than Faculty)**

Information below is to be completed in full by hiring department. This form is to be completed, signed, and approved **prior** to the work being performed.

(1) Employee’s Name: _____

Employee’s USNH ID Number: _____

Employee’s Classified Job Title: _____

Employee’s Normal Percent Time: _____

Employee’s Normal Work Schedule: _____

Employee’s Institutional Base Salary/Rate Received For Regular Duties: _____

Dates of Proposed Additional Service: Begin: _____ End: _____
 mm/dd/yyyy mm/dd/yyyy

Amount/Hourly Rate of Proposed Additional Compensation Requested:

Either:

\$ _____ Total amount if this payment is for a salaried/exempt staff member

OR

\$ _____ HOURLY RATE if this payment is for an Operating Staff member **or** an *hourly* job. Note: An hourly rate is not required for OS who teach a USNH credit course or teach a UNH professional development workshop or non-credit course. In this case a “total amount” may be entered. The hourly rates of more than one job are combined for overtime calculations.

Hiring department for which additional pay applies: _____

Proposed Account Number to be Charged: _____

Externally-Sponsored Agreement Information (if applicable)

Project Director: _____

Project Title: _____

(2) Normal responsibilities of employee’s status (benefits eligible) position:

(3) Responsibilities to be performed for which additional pay is requested:

(4) How will services to be performed (for which additional pay is requested) differ from the employee's normal position description and responsibilities?

(5) Additional responsibilities will be performed (check one):

Outside employee's normal working hours (explain):

During employee's normal working hours (check one):

Vacation/earned time will be used

Leave without pay will be used

Administrative stipend

Other arrangements will be made (explain):

(6) **Signatures required:**

Hiring Department

Supervisor's Signature: _____

Date: _____

Typed/Printed Name: _____

Phone: _____

Employee's Signature: _____

Date: _____

Home Department (If different from hiring department)

Supervisor's Signature: _____

Date: _____

Typed/Printed Name: _____

Phone: _____

Dean, Director, or BSC Director

Signature: _____

Date: _____

Typed/Printed Name: _____

Phone: _____

Human Resources

HR Signature: _____

Date: _____

Typed/Printed Name: _____

Phone: _____

Office of Sr. Vice Provost for Research (If externally-sponsored agreement is to be charged)

Signature: _____

Date: _____

PLEASE FORWARD COMPLETED FORM TO HIRING DEPARTMENT'S BSC