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**

Rev. September, 2011