TSU TEXAS SOUTHERN UNIVERSITY
Human Resources

ADDENDUM B: REQUEST FOR ADDITIONAL COMPENSATION FORM

This form implements the documentation and approval requirements of Section IV.E and Section IV.F of this policy. A separate form must be submitted for each proposed assignment.

Employee Name: _____

Employee Job Title: _____

T Number: _____

Home Department: _____

Requesting Department (if different): _____

Proposed Assignment Category (check one):

☐ 1. One-Time Special Project ☐ 2. Major Project

☐ 3. Departmental Coordinator or Recurring Extra Duty ☐ 4. Temporary Secondary Appointment

Description of Work to Be Performed:

_____

_____

_____

Operational Need for the Assignment:

_____

_____

_____

Proposed Beginning Date: _____

Proposed Ending Date: _____

Estimated Hours per Week: _____

Proposed Stipend Amount: _____

Funding Source: _____

Statement Addressing Continuation of Regular Duties During the Assignment:

_____

_____

_____

TSU Texas Southern University
Human Resources

CERTIFICATION AND APPROVAL SIGNATURES

This page is part of Addendum B: Request for Additional Compensation Form.

By signing below, I certify that the information provided above is accurate and that the assignment described above will be performed in addition to, and without interference with, my regular duties and responsibilities. I understand that this assignment may not begin until all approvals below have been obtained.

Approver	Signature	Date
Employee		
Immediate Supervisor		
Head of Home Department		
Head of Requesting Department (if different)		
Budget		
Vice President or Division Head		
Senior Vice President		
Vice President and Chief Human Resources Officer or Designee		

Please submit Addendum B, including the certification page, to Human Resources for review prior to the proposed beginning date. The employee may not begin the assignment until Human Resources has issued final written approval