KEENE STATE COLLEGE
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 ____________________

Date of Proposed Additional Service: Begin: ____________ End: ______________

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 Operating Staff member or an hourly job.

Hiring Department for which additional pay applies: _______________________________________

Proposed FOAPL (Fund/Org/Account Number) to be Charged: ____________________________

Externally-Sponsored Agreement Information (If Applicable)

Project Director: ___________________________________________________________________

Project Title: _____________________________________________________________________

(2) Normal responsibilities of employee’s status (benefit 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 description and responsibilities?

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

___ Outside employer’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: _______________

**Employees Signature:** ___________________________ Date: ________________

**Home Department** (if different from hiring department)

   Supervisor’s Signature: ___________________________ Date: ________________
   Typed/Printed Name: ___________________________ Phone: _______________

**Human Resources**

   HR’s Signature: ___________________________ Date: ________________
   Typed/Printed Name: ___________________________ Phone: _______________

**Office of the Provost** (If externally sponsored agreement is to be charged)

   Provost’s Signature: ___________________________ Date: ________________

**PLEASE ATTACH CSSA/CHASE FORM AND**
**FORWARD COMPLETED FORMS TO HUMAN RESOURCES**

REV April 2011