|  |
| --- |
| Date Initiated |

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**Georgia State University – Extra Compensation – Projection/Approval/Payment**

**PART A:** Description

|  |  |
| --- | --- |
| Program Title | Program Date(s) |
| Name of Recipient | Recipient SSN |
| |  | | --- | | College and Department |   Faculty / Staff Title | Contract (check one)  A.Y. \_\_\_ F.Y. \_\_\_ |

|  |
| --- |
| Project ID |
| Coordinator |

**PART B:** Projection

|  |  |  |  |
| --- | --- | --- | --- |
| Type of  Service | Hour(s) | Rate per  Hour | Compensation |
| Instruction |  |  |  |
| Prep / Plan  Evaluation |  |  |  |
| Maximum Extra Compensation Entitlement | | |  |
| Negotiated Extra Compensation Entitlement | | |  |

**PART C:** Certification and Approval

*It is certified that the projection for extra compensation on the program named above is in compliance with all provisions of the Extra*

*Compensation Policy of Georgia State University and that the Policies of the Board of Regents, stated below, have been met.*

1. The work is carried in addition to the normal full load. 2. No other qualified person is available to carry the work as part of his/her normal load.

3. The work produces sufficient income to be self-supporting. 4. Additional duties do not interfere with the performance of regular duties

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Date Director of Continuing Education Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient’s Department Head Date Vice President/Academic Affairs Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient’s Dean/Vice President Date Vice President/Financial Affairs Date

**PART D:** Certification of Performance and Fiscal Approval

Report of Actual Services Performed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Service | Dates and Hours (ex. 9/7 – 4 hrs., 9/9 – 3 hrs.) | Total Hours | Rate | Compensation |
| Instruction |  |  |  |  |
| Prep / Plan  Evaluation |  |  |  |  |
| Maximum Extra Compensation Entitlement | | |  |
| Total Extra Compensation Due (Negotiated: Yes \_\_\_ No \_\_\_ | | |  |

I certify that the above information is an accurate representation of my instructional and non-instructional involvement in this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient of Extra Compensation Date

**APPROVAL FOR PAYMENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program Director Date Coordinator/Project Accountant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient’s Supervisor Date Grants & Contracts Approval Date

**Exhibit B**