

Internal Supplementary Compensation Approval Form

This form is to be used only for requesting supplemental pay for full-time employees who will be compensated using institutional funds processed through William and Mary's payroll system. This includes Education and General Funds (E&G), private funds, auxiliary funds, and grant/contract/cooperative agreement funds.

A. Name: **Banner ID (on College ID Card)**

B. Department/School/Center/Program:

C. Appointment Type:
 9-month faculty contract 12-month faculty contract Full-time exempt operational or professional employee
 Other contract Describe:

D. Period of assignment:
Start Date (mm/dd/yyyy)
End Date (mm/dd/yyyy)
Number of days/hours to complete the activity:

E. Have you received and/or requested supplementary compensation from the College during the last year?
 Yes No
If yes, provide details:

F. W&M department, center or individual requesting your services (name & location):

G. Why is this supplement requested?

H. Will there be an impact on your regular duties? For faculty, will this activity impact any regular classes, office hours, or committee meetings? For administrative and professional staff, will performance of assigned duties need to be adjusted in any way?

Yes No

If yes, describe impact and indicate how missed obligations will be covered and/or how assigned duties will be adjusted:

I. Banner index(s) providing compensation:

J. Budgeted total compensation for assignment:

K. Type of payment:

Salary increment (limited duration) Second assignment One-time payment

L. In making the above request, I certify that to the best of my knowledge the information I have provided above is true and accurate. I have discussed the proposed work with my Dean or Administrative supervisor to obtain their permission to perform this work and to confirm that it will not initially interfere with my duties.

(PLEASE PRINT FORM AND OBTAIN SIGNATURES)

Signature

Date

J. APPROVALS: If the requested payment is for work supported by grant/cooperative agreement/contract funds, by signing this request, Chairs, Directors, Supervisors, Unit and Fund Managers certify that all of the necessary conditions described in the [guidance document for supplementary payments](#) have been met.

Principle Investigator/Fund Manager
(sign and print name)

Date

Department Chair/Center Director
(sign and print name)

Date

Dean or Administrative Supervisor
(sign and print name)

Date

This signature only needed if the fund is a grant, cooperative agreement, or contract.

Vice Provost for Research and Graduate
Professional Studies (sign and print name)

Date