JACKSONVILLE STATE UNIVERSITY EMPLOYEE CONTRACT FOR EXTRA COMPENSATION

This form must be completed in advance of the work and attached to the internal Approval Form for Sponsored Projects (if applicable), Planned/Approved Workload for Extra Compensation form, and Absence Report (if applicable).

Project Information

1) Name	2) Employee Identification #		
3) Department	4) 9/12 month appt; Faculty/Staff		
5) Describe work to be performed as	nd how the project represe	ents effort beyond University	ity responsibilities:
c) Where will work be performed:	of project: b) Ending date of project: to be performed: days:		
Employee Signature	Date Dept Head/I	mmediate Supervisor	Date
Dean of Employee Signature	Date		
	Financial Infor	mation	
6) Source of funding:	Federal		Other
Increase Budget #: Decrease Budget #:	rable)	Salary \$: Benefits \$: Total \$:	<u> </u>
Budget Manager Signature	Da	te	
It is understood that the services required regular employment of said employee in under this contract will be paid in accord this contract will be paid in accordance with that employees abide by University Policial APPROVED: Dean/Director Restricted Funds Account	accordance with the Alabam ance with the Alabama Ethic with the applicable Federal an	JSU and an employee of JSU as Ethics Law and University as Law and University Policies and State Tax Laws and regula sation Policy).	Policies. Any compensation es. Any compensation under
Restricted runds Accoun	mant (Omy for Sponsored Pl	ojecis)	Date
Vice President			Date

Distribution: Original – Human Resources

Copies – Dean/Director, Employee, and Budget Manager

Form #46 (10/11)