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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) Social Security #_____

3) Unit/Dept_____ 4) 9/12 month appt Faculty/Staff _____

5) Describe work to be performed and how the project represents effort beyond University responsibilities:

a) Beginning date of project:_____ B) Ending date of project: _____
c) Where will work be performed: _____
d) Times/hours & days: _____

_____
Employee Signature Date Dept Head/Immediate Supervisor Date

_____
Dean of Employee Signature Date

Financial Information

6) Source of funding: _____ Federal _____ Other

a) Budget acct. charged: _____
b) Budget unit name: _____
c) Total job: $_____
d) Budget Transfer (if applicable)
Increase:_____ -108 _____
Increase:_____ -298 _____
Total _____

Decrease: _____ _____

_____ _____
Budget Manager Signature Date

Policy Statement

It is understood that the services required under this contract between JSU and an employee of JSU will not interfere with the regular employment of said employee in accordance with the Alabama Ethics Law and University Policies. Any compensation under this contract will be paid in accordance with the applicable Federal and State Tax Laws and regulations. It is further understood that employees abide by University Policy # II:05:02 (Extra Compensation Policy).

APPROVED:_____
Dean/Director of Paying Unit Date

_____
AVPAA (Office of Sponsored Projects) Date

_____
Vice President of Paying Unit Date

Distribution: Original - Human Resources
Copies - Dean/Director, Employee, and Budget Manager

BA Form #46
(10/04)

Business Procedure II:05:02