

CALIFORNIA UNIVERSITY OF PENNSYLVANIA

EMPLOYEE COMPENSATION REQUEST FORM

No _____

1. TO BE COMPLETED BY GRANT/PROJECT DIRECTOR

GRANT COMPENSATION

2. FORWARD TO PAYROLL DEPT. FOR PROCESSING

NON-GRANT COMPENSATION

EMPLOYEE NAME :

PERSONNEL NUMBER

GRANT/ACCOUNT NAME TO BE CHARGED:

EMPLOYEE DEPT. COST CENTER:

COST CENTER TO BE CHARGED:

REQUESTED CLASS TITLE:

DATES OF EMPLOYMENT:

TIME PERIODS WHEN EMPLOYMENT SERVICE WILL BE DONE :
(E.G. 7:00-9:00 EACH WEDNESDAY FOR 7 WEEKS)

BEGIN: _____

END: _____

REQUESTED PAY RANGE AND STEP:

DOES THIS REQUIRE RELEASE TIME?

TOTAL SALARIES/WAGES \$ _____

RANGE : _____ STEP : _____

YES NO

TOTAL FRINGE BENEFITS \$ _____

OTHER RATE OF PAY:

COMPENSATION TYPE:

TOTAL PAYMENT REQUEST \$ _____
(SALARY PLUS FRINGES)

\$ _____ PER _____

INSTRUCTIONAL

NON-INSTRUCTIONAL

JUSTIFICATION FOR COMPENSATION AND DESCRIPTION OF DUTIES (USE REVERSE SIDE AS ADDITIONAL SPACE)

EMPLOYEE SIGNATURE: _____

Requested compensation is necessary to the proper functioning of this agency. The employee's primary duties will not interfere with this compensation, and this compensation is not in violation of the Code of Ethics, the Administrative Code of 1929, or the State Adverse Interest Act.

Approved Disapproved

Grant/Project Director Signature

Dean/Designee Signature

President/Dept. V.P. Signature

Date Signed

Telephone No.

Date Signed

Date Signed

TO BE COMPLETED BY GRANTS ACCOUNTING OFFICE AND RETURNED TO PAYROLL DEPARTMENT

Approval Signature

Date Signed

TO BE COMPLETED BY PAYROLL DEPARTMENT AND RETURNED TO GRANTS ACCOUNTING OFFICE

Date Paid

Pay Period Ending Date