

GRANITE STATE COLLEGE

REQUEST FOR ADDITIONAL PAY

Employee's Name: _____

Employee's Classified Title: _____

Employee's Normal Percent Time: _____

Employee's Normal Work Schedule: _____

Dates of Proposed Additional Service: Begin: _____ End: _____

Amount of Proposed Additional Compensation Requested: \$ _____

Is the position Grant Funded? Yes No

Normal responsibilities of employee's status (benefits eligible) position:

Responsibilities to be performed for which additional pay is requested:

How will services to be performed (for which additional pay is requested) differ from the employee's normal position description and responsibilities?

Additional responsibilities will be performed (check one):

Outside employee's normal working hours (explain):

During employee's normal working hours. Vacation/earned time will be used

Employee's Signature: _____

Date: _____

APPROVALS

Employee's Home Department

Supervisor's Signature: _____ Date: _____

Typed/Printed Name: _____

Human Resources

Authorized Signature: _____ Date: _____

Typed/Printed Name: _____

Approval for additional pay during normal working hours

Supervisor's Signature: _____ Date: _____

Typed/Printed Name: _____

*****Complete the following section if the job is grant funded*****

Hiring Department (If externally-sponsored agreement is to be charged)

Project Director: _____

Project Title: _____

Project Director Signature: _____ Date: _____

Business Service Center (If externally-sponsored agreement is to be charged)

Authorized Signature: _____ Date: _____

Typed/Printed Name: _____

PLEASE FORWARD COMPLETED FORM TO:

**GSC Financial Operations
25 Hall Street
Concord, NH 03301**