

FACULTY REQUEST FOR ADDITIONAL COMPENSATION

(For Tenured, Tenure Track, Clinical, Visiting, Lecturers, and Adjunct Faculty)

This form authorizes additional compensation to be paid as indicated below.

I. Name _____ EMPL ID _____

Appointee Type _____  Contract Dates _____ to _____
(select your primary role at Towson University)

If this assignment is funded by a grant, please visit the [OSPR site](#) for additional required documents.

II. Requesting Department _____ Dept. Charge Code _____

Description

III. Additional Compensation Amount _____

IV. On average the estimated hours per week over a 30 day period expected to be worked on this project _____

(Only Lecturers and Adjunct Faculty complete sect IV.)

[PLEASE ATTACH A FLAT RATE FORM.](#)

V. Approvals (If the assignment is in a department other than the faculty member's primary department, then all supervisors of both departments must sign).

By signing below I acknowledge that I agree to the [Terms and Conditions](#).

Appointee/Date

Chairperson/Date

Dean/Date

Provost Budget Office Director/Date

Provost/Date

Office of University Research Services (if grant-funded)
University Budget Office/Date (for all payments > \$5,000)

For Provost Budget Office Only:

1. Assignments for Tenured, Tenure-Track, Clinical, and Visiting Faculty over \$5,000 must go to the University Budget Office before submission to the Payroll Office. Otherwise, submit this form directly to the Payroll Office for processing.
2. Assignments for Lecturers and Adjunct Faculty over \$5,000 must go to the University Budget Office before submission to Human Resources. Otherwise, submit this form directly to Human Resources for processing.