



EXTRA COMPENSATION FORM

Rev: 3/4/2025

**DIVISION OF AGRICULTURE
RESEARCH & EXTENSION**
University of Arkansas System

UADA Policy 440.2

Employee Section (generally initiated by payment department)

- 1. Name _____
- 2. Title _____
- 3. Workday ID Number _____
- 4. Position No. _____
- 5. Department/Unit _____
- 6. College/School/Unit _____
- 7. Activity to be Undertaken _____

- 8. Location of Activity _____
- 9. Activity Type (select one) Teaching Overload Non-Credit Instruction Service Credit Instruction/
Non-Faculty
- 10. Starting Date _____ 11. Ending Date _____

Certification Section (to be completed by employee's home department)

PLEASE NOTE: Signatures below serve as certification of the following criteria:

- 1. The employee will be working full-time or 100% during the activity period for which extra compensation is being recommended (see above).
Supervisor _____ Date _____
- 2. The work for extra compensation will not interfere with the employee's regular duties.
Unit Head _____ Date _____

Approval Section (to be completed by department controlling payment cost center)

*To the extent applicable, completion of this section certifies that the use of non-federal funds/non-state grant funds for extra compensation is specifically authorized by the sponsoring agency . **

- 16. Compensation Amount _____
- 17. Driving Worktag _____
- 18. Department/Unit Name _____

Signatures below authorize extra compensation, based on the information provided above.

- 19. Sr. AVP or VP for Agriculture _____
- 20. Date _____

**Please contact the Office of Sponsored Programs for more information.*

Submit completed and signed Extra Compensation Form to humanresources@uada.edu