



BOWLING GREEN STATE UNIVERSITY
SUPPLEMENTAL PAYMENTS

Faculty

Administrative Staff

Classified Staff

This form is to be used to compensate faculty, administrative staff, and classified staff who have provided services in addition to those expected in their regular academic year or fiscal contracts/employment. The form is not to be used to compensate graduate students or students. This form is to be submitted within 30 days of completion of services or consultations. Signatures by the budget administrator, director and dean affirm that services were performed with their knowledge and in compliance with "Extramural Gainful Employment" as applicable in the Governance Document. All signatures are required to process payment.

Name Department BGSU EMPLID# College/Area
Department., grant, workshop, conference, etc. for which service was performed:

If the service performed is grant related, the Grant Administrator's signature is required if the compensation is coming from a restricted funds account, an external grant, or a contract budget. Are the funds coming from one of these sources?

Must check one: No Yes, If "yes," Grant Administrator's signature is required.

Fund /Account to be charged:

Assignment One

Date of Service Hours: a.m. p.m. TO: a.m. p.m.
Total hours worked @ per hour Total payment this assignment

Nature of Assignment:

Assignment Two

Date of Service Hours: a.m. p.m. TO: a.m. p.m.
Total hours worked @ per hour Total payment this assignment

Nature of Assignment:

This form is not to be used for Full-time classified staff being paid on an hourly basis for their services. Please complete a Non-Student Letter of Appointment form for reporting hourly pays.

Classified Staff Assignment: A lump sum payment method for completion of professional work (i.e, instructor, special projects, etc)

Date of Service

Nature of Assignment:

Total Compensation \$

I certify that the above consultations were performed in the best interest of the University and did not hinder the proper performance of my contractual and/or regular duties.

APPROVALS:

Administrator of budget charged Date

Grant Administrator (if applicable) Date

Prepared by:

Date:

Signature of Appointee Date

Chair/Director of Appointee Date

Dean/VP of Appointee Date

Vice-President of Academic Affairs Date