

# 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 Dept:

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:

**Route to: 1) Supervisor 2) [maggie.hyndman@granite.edu](mailto:maggie.hyndman@granite.edu) 3) [gsc.payroll@granite.edu](mailto:gsc.payroll@granite.edu)**