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