



REQUEST FOR OUT-OF-TITLE WORK/APPROVAL

- Initial Request**
 Request for Extension of Assignment

Requestor: _____	Department: _____	Building: _____	Room: _____	Extension: _____
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Employee Name: _____		Current Position Title: _____		
University ID#: _____	Current Salary: _____	Exempt or Nonexempt: _____	Time Sheet/Org #: _____	Home Org #: _____
Justification: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Description of Duties to be Performed: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
Hours Requested: _____	Requested Time Period: _____	Rate of Pay Requested: _____	Expected Duration of Assignment: _____	Grant End Date: _____

APPROVALS		
Supervisor: _____	Department Head: _____	Fiscal Officer: _____
Principal Investigator/Project Director: _____		Dean, Vice President or President/Chief Executive Officer: _____

Earnings Code: 190	Fund: _____	Org/Index: _____	%
Earnings Code: 190	Fund: _____	Org/Index: _____	%

Compensation Services Approval: _____	Approved Rate of Pay: _____	Approved Duration of Assignment: _____
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Instructions:

1. Requesting Department completes top section, endorsed by the school and/or operating unit's approval process (i.e. Department Head and Dean, Vice President or President/Chief Executive Officer and Fiscal Officer) and then submits to Compensation Services for Approval.
2. Compensation Services reviews request and signs, completing approved rate, approved duration of assignment, exempt/non-exempt status and current salary sections, keeps a copy and forwards copies to Originating Department.