Reset

University Personnel Action (UPA)

Extra Compensation

The University of Toledo

This form is to be used to indicate payment for extra-compensation only for full-time permanent employees during time period for which extra compensation is being claimed.
THIS FORM IS FOR ACCOUNTS: 61406 = STRS, 61407 = PERS, 61414 = RELOCATION STIPEND

☐ New
☐ Change
☐ Relocation

Name *(Last)*	*(First)*	*(Middle)*	Rocket ID
			R

Primary Employee Status	Position Class
___ Faculty ___ Staff ___ Special	

Home Dept Org	Home Dept Name	Primary Position Title

Change From (indicates extra compensation currently on system):

	First Distribution	Second Distribution	Third Distribution	Total Extra Compensation
Pooled Position Control Number				
Index and Account				
Amount Amt Per Pay		$0.00	$0.00	$0.00
Period Covered: Nr Pays	Begin Date: End Date:	Begin Date: End Date:	Begin Date: End Date:	

Change To:

	First Distribution	Second Distribution	Third Distribution	Total Extra Compensation
Pooled Position Control Number				
Index and Account				
Amount Amt Per Pay				
Period Covered: Nr Pays	Begin Date: End Date:	Begin Date: End Date:	Begin Date: End Date:	

Description of Activity Performed

(Please initial all changes.)

Instructional Extra Comp Only: Please note these are required fields if requesting extra comp for STRS.

List College, Course, Section Number, Actual Enrollment and Max Enrollment	# of Credit Hours Per Course	FTE for this Assignment

Hours Teaching this Term for **this** Extra Compensation Appointment	Total Hours Teaching this Term *(including all extra compensation)*
0	

Form Created by:	College:	Department:	Contact Ext.	Email Address:

Approvals

	Date	Contact Ext.
Initiating Department/PI **1**		
PI Approval (if applicable) **2**		
Dean/Designee or Business Manager **3**		
Dean/Director of College/Unit in Which Person Holds Permanent Position **4**		
Grants Accounting (if Applicable) **5**		
Provost (for 61406) **6**		
Appointing Authority Signature **7**		