



University Personnel Action (UPA)

Extra Compensation

The University of Toledo

- New
- Change
- Relocation

| | | | |
|--|----------------|------------------------|-----------|
| Name (Last) | (First) | (Middle) | Rocket ID |
| Primary Employee Status ___ Faculty ___ Staff ___ Special | | Position Class | |
| Home Dept Org | Home Dept Name | Primary Position Title | |

Request:

| | First Distribution | Second Distribution | Third Distribution | Total Extra Compensation |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pooled Position Control Number | | | | |
| Index and Account | | | | |
| Amount | | | | |
| Period Covered: | Begin Date: End Date: | Begin Date: End Date: | Begin Date: End Date: | |

Description of Activity Performed

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) | |

Approvals

| | | |
|--|------|--------------|
| Initiating Department/PI 1 | Date | Contact Ext. |
| Dean/Designee or Business Manager 2 | Date | Contact Ext. |
| Dean/Director of College/Unit in Which Person Holds Permanent Position 3 | Date | Contact Ext. |
| Grants Accounting (if Applicable) 4 | Date | Contact Ext. |
| Human Resources (for 61407)/ Provost (for 61406) 5 | Date | Contact Ext. |
| | | |
| Appointing Authority Signature | Date | |