



University Personnel Action (UPA)  
Extra Compensation  
The University of Toledo

Reset

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)	Social Security Number	Rocket ID	1
Primary Employee Status			Position Class		
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Special 2			<input type="text"/>		
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				\$0.00
Amt Per Pay Period Covered: Begin Date: 3 End Date: Nr Pays		\$0.00	\$0.00	\$0.00
	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: Begin Date: 4 End Date: 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
6		
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:
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Approvals

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

# University Personnel Action (UPA) Form Extra Compensation

1. Select type of request
  - New Request = Brand new request
  - Change Request = Change to existing request
2. Type in the employee's information, based on their primary employment status.
  - Contact the employee or his/her home department to obtain this information if unknown.
  - Use drop down to select position class
3. This information identifies the amount of the payment and where it is coming from
  - Pooled Position Control # can be obtained from budget.
  - Index number and Account number should be the paying department's index and account number.
  - Amount = Total amount to be paid.
  - Begin date= When the extra compensation work begins (beginning of pay period).
  - End date= When the extra compensation work ends.
  - Second and Third Distributions are only used if this payment is coming from more than one funding source.
  - Total Extra Compensation = Total Amount to be Paid (will auto populate)
4. **For Change Requests Only:**
  - Enter new information
5. Provide a brief description of duties or rationale for removal or change of extra compensation

## 6. For Instructional Extra Compensation Only:

- List the course(s) being taught for the extra compensation
- Number of credit hours for the course, this can be obtained on SIS screen 125.
- FTE (Full Time Equivalent) for this assignment: use FTE calculation spreadsheet.
- Hours Teaching this Term for Extra Comp.= (calculated field) from field # of Credit Hours
- Total Hours teaching this semester includes all course teaching for the term; this information can be obtained from SIS screen 1F5. Do not include Independent Studies or Thesis projects, only Instruction.

## 7. Approvals

- Type the name of person creating form, contact ext., and department
- Please obtain digital signatures on lines 1-6 where applicable **(Digital Signatures Only, Do not print PDF and sign with wet signature this will not be accepted).**
- Print name, Date, and enter contact extension
- Please initial and date any changes made to form

## 8. Appointing Authority Signature

- Will be obtained by Human Resources & Talent Development after submission of UPA with digital signatures to the HR Compensation Committee Review Request Portal.