

## University Personnel Action (UPA)

Extra Compensation

# The University of Toledo

New

Change

Relocation

Name (Last)	(First)	(Middle)	Rocket ID
Primary Employee Status		Position Class	
Faculty	Staff Spe	cial	
Home Dept Org Home De	ept 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				
Period Covered:	Begin Date:	Begin Date:	Begin Date:	
	End Date:	End Date:	End Date:	

#### Change To:

	First Distribution	Second Distribution	Third Distribution	Total Extra Compensation
Pooled Position Control Number				
Index and Account				
Amount				
Period Covered:	Begin Date:	Begin Date:	Begin Date:	
	End Date:	End 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 Enroll	# of Credit Hours Per C	FTE for this Assignment	
Hours Teaching this Term for this Extra Compensation Appointment	Total Hours Teaching this	s Term (including all extra compensat	tion)
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	n	Date	Contact Ext.
Grants Accounting (if Applicable) <b>4</b>	Date	Contact Ext.	
Human Resources (for 61407)/ Provost (for 61406) 5		Date	Contact Ext.
Appointing Authority Signature		Date	•