

Prepared by: _____
Ext: _____

Faculty Task/Augmentation Pre-Authorization Request Form (upo-11B)

This document MUST be completed PRIOR to any work on the additional assignment and it should be attached to the payroll authorization that is processed to make the actual payment(s).

To be completed by paying department:

Name: _____ EMPLID: _____ Base Salary: _____ 9 mo. 12 mo.

Rank/Title: _____ Department: _____

Workload % of Time Assigned to: _____ Instructional _____ Research/Creative Activities _____ Administration/Service

Payment Type: Task Augmentation

What are the total supplemental compensation (gross) payments received fiscal year-to-date (9/01 – 8/31): _____

Please describe the assignment to be performed. (Attach additional documents as needed.) _____

If an augmentation, identify how this is at a higher level or outside the scope of the current position. (Attach additional documents as needed.) _____

Assignment Start Date: _____ Assignment End Date: _____ Total Expected Hours Worked: _____

Total Amount to be Paid to Employee: _____ Funding Source for Payment: _____

Will UNT also receive financial benefits from this assignment: Yes, approx. amount: _____ No

If the work is performed for a department outside of your own, what is the department?

Department: _____

To be completed by Departmental Chair:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the assignment outside of the faculty member's normal duties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the assignment require additional time and effort outside of the scope of his/her normal duties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the work advance the mission of the department and/or the university? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Could the assignment be satisfactorily performed within another faculty member's workload or by another employee without additional compensation? |

APPROVALS: All approvals acknowledge compliance with the criteria in the UNT System Supplemental Pay Regulation and Faculty Pay Guidelines.

Approved Not Approved Signatures

<input type="checkbox"/>	<input type="checkbox"/>	Deptid / Projid Holder: _____	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Chair: _____	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dean: _____	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vice President: _____	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	President: _____	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Human Resources: _____	Date: _____

Requests to be paid from sponsored projects, in compliance with the Faculty Supplemental Pay Guidelines, should be forwarded to the Office of Research Services for review after the Dean's approval.

Approved Not Approved Signature

Research Office: _____ Date: _____