

Prepared by:

Ext:

**Faculty Task/Augmentation Pre-Authorization Request Form - VPAA-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):

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

Total Amount to be paid to Employee: Funding Source for Payment:

Has the faculty member received a course release for work related to this task/augmentation Yes No

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

How does the proposed work benefit UNT?

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

**If a task payment**, provide information on how the assignment requires additional time and effort outside of the scope of the faculty member's normal duties. (Attach additional documents as needed.)

How was the rate of pay determined and is it equitable with similar effort in your college?

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

How will the work and effort be verified for completion?

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

<i>Approved</i>	<i>Not Approved</i>	<i>Signatures</i>	
		Deptid / Projid Holder:	Date: _____
		Chair:	Date: _____
		AFO/Budget Officer:	Date: _____
		Dean:	Date: _____
		Executive Dean:	Date: _____
		Vice President:	Date: _____
		Provost:	Date: _____
		President:	Date: _____
		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.

<i>Approved</i>	<i>Not Approved</i>	<i>Signature</i>	
		Research Office:	Date: _____

# Personnel Action Request Signature Routing

This page to be completed by Academic Resources

Type of Request: VPAA 11B

College/Dept:

Chair/Dept Head:

Due Date to Final Approver:

Expense: \$

Funding Source:

Purpose of request/comments:

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## Required Approvals

Provost signature required: YES NO

Presidential approval required: YES NO

Reason Presidential approval needed:

Task or augmentation 6 months or longer in duration  
(for reference, please see policy 1.6.5) YES NO

Reclassification request  
(for reference, please see policy 1.6.2) YES NO

New position request YES NO

Other:

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## Academic Resources Use Only

Form(s) accurately completed (see below if unchecked)

Changes made to form by Academic Resources:

Job duties appropriate for request made

Appropriate source of funds/sufficient funds

Appropriate signatures on form(s)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_