THE CITADEL
REQUEST FOR ADDITIONAL PAY OR COMPENSATION

I. REQUESTING DEPARTMENT

Employee Status: ☐ Covered Citadel Employee ☐ Adjunct ☐ Other: _____

Employee's Name:	CWID:	Primary Position Number:
Department:		Index to be charged:

Type of Pay:

			Date(s) of Service:
☐ Summer Session I	Course Name:	_____	_____
☐ Summer Session II	Course Name:	_____	_____
☐ Maymester	Course Name:	_____	_____
☐ Award	Description:	_____	_____
☐ Bonus	Description	_____	_____
☐ Other:	Description:	_____	_____

Proposed Salary:

Method of Payment:

☐ Lump Sum Effective Date to be Paid: _____

☐ Installments # of Installments: _____ Date of 1st Installment: _____

_____ _____
Authorized Signature Date

II. FINANCE DEPARTMENT

Approved Funding of: $_____

Secondary Position Number:

Comments:

_____ _____
VP Finance or Budget Director Date

III. HUMAN RESOURCES

ASSIGNMENT PROCESS	TRACKING PROCESS
Assignment Begin: _____	Date Tracked: _____
Assignment End: _____	Comments:
Assign Salary: _____	
Annual Salary: _____	
Date Trial Check: _____	

_____ _____ _____ _____
Human Resources Specialist Date Employment Manager Date

Human Resources Copy / Budget Copy / Payroll Copy