



OHR 210/Additional Compensation (For Full-Time Exempt Unclassified Employees Only)

Revised: 09/04/2009

State Affiliated Corporation

Prepared by: Extension: Date:

Comments

Employee Information myWSU ID# Name: Last First M.I.

Table with 3 columns: Employee's Primary Organization, Org. No., Position No. and Organization Requesting Payment for Services, Org. No., Position No.

Request is made for special additional services of (state specific services):

Funding Source: Check One: GU RU Fund Number Number of Payments: Total Compensation: \$ Effective Date(s) from: to To be Paid on (dates):

Required Signatures:

Requesting Budget Officer: Date Requesting Budget Review Officer: Date Primary Budget Review Officer: Date University Budget Director: Date President/Vice President: Date

BANNER APPROVED FUNDING - UNIVERSITY BUDGET OFFICE ONLY

PClass: EClass:

Table with 4 columns: Position, Fund, Organization, Account

Banner Forms Completed: POSN PBUD