

Pennsylvania Western University

EMPLOYEE COMPENSATION REQUEST FORM

No _____

1. TO BE COMPLETED BY GRANT/PROJECT DIRECTOR

☐ GRANT COMPENSATION

2. FORWARD TO PAYROLL DEPT. FOR PROCESSING

☐ NON-GRANT COMPENSATION

EMPLOYEE NAME :

PERSONNEL NUMBER

GRANT/ACCOUNT NAME TO BE CHARGED:

EMPLOYEE DEPT. COST CENTER:

COST CENTER TO BE CHARGED:

REQUESTED CLASS TITLE:

DATES OF EMPLOYMENT:

BEGIN: _____

END: _____

TIME PERIODS WHEN EMPLOYMENT SERVICE WILL BE DONE :
(E.G. 7:00-9:00 EACH WEDNESDAY FOR 7 WEEKS)

REQUESTED PAY RANGE AND STEP:

RANGE : _____ STEP : _____

OTHER RATE OF PAY:

\$ _____ PER _____

DOES THIS REQUIRE RELEASE TIME?

☐ YES ☐ NO

COMPENSATION TYPE:

☐ INSTRUCTIONAL

☐ NON-INSTRUCTIONAL

TOTAL SALARIES/WAGES \$ _____

TOTAL FRINGE BENEFITS \$ _____

TOTAL PAYMENT REQUEST \$ _____
(SALARY PLUS FRINGES)

JUSTIFICATION FOR COMPENSATION AND DESCRIPTION OF DUTIES (USE REVERSE SIDE AS ADDITIONAL SPACE)

EMPLOYEE SIGNATURE:

Employee Signature

Date Signed

GRANT/PROJECT DIRECTOR:

PI/Project Director

Date Signed

GRANTS ACCOUNTING
OFFICE:

Grant Accountant Signature

Date Signed

DEAN/DESIGNEE:

Dean/Designee Signature

Date Signed

☐ Approved ☐ Disapprove

PRESIDENT/DEPT V .P.:

President/Dept. V.P. Signature

Date Signed

TO BE COMPLETED BY PAYROLL DEPARTMENT AND RETURNED TO GRANTS ACCOUNTING OFFICE

Date Paid

Pay Period Ending Date

Requested compensation is necessary to the proper functioning of this agency. The employee's primary duties will not interfere with this compensation, and this compensation is not in violation of the Code of Ethics, the Administrative Code of 1929, or the State Adverse Interest Act.