	Personnel	Action	Request
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ID Number: T		*Annual Salary:		
Last Name: First Name: Middle:		Previous ESP: Approved Amounts for Current Fiscal Year: \$		
Department		\$		
Present Job Title:		\$		
Date of correction:	PeopleAdmin action # of app	ointment to be corrected:		
Check one: Non-credit Instruction	Credit Instruction _	ConsultantOther		
Description of Service:				
Services rendered From:	To:			
Total payment amount:		me payment (at the end of service period) outed across service period		
Source of funds for extra service payment				
Fund Org Acct Position number:	Program			
Special Conditions: (INDICATE REASON FO	OR CORRECTION - REPLAC	E VERIFICATION OF ADD. WORK IF NEEDEI		
PEOPLEADMIN ROUTING				
<b>Requestor</b> to <b>Department Head</b> to Dean to		to <u>Budget</u> to <u>Human Resources</u> to <u>President</u> optional (for grant-funded positions)		
	-up material (such as a leave re	form (found on a separate tab in this workbook). quest form) as supplemental documentation in scal year is 20% of the annual salary.		
<ol> <li>Complete form and save to your network fold</li> <li>Begin new PARF action in PeopleAdmin.</li> </ol>		ttach completed form to PARF action. Frack action to make sure routing does not stall.		

TENNESSEE STATE UNIVERSITY	Verification of Additional Work CORRECTION	Office of Human Resources Personnel Action Request
Middle: Department Present Job Title:		
I,	, have agreed to per	form the following
duties:		
in connection with (name of grant or rese	arch project):	
	This service will in no way inter	
assigned job duties or work schedule at T	ennessee State University.	
Proposed work schedule:		
Signature of Employee:		
Signature of Employee's Supervisor:		
Signature of Project Supervisor:		

Print form for signatures, then scan and attach as supplemental documentation at the time extra-service pay request is submitted via PeopleAdmin.