TENNESSEE STATE UNIVERSITY	**Extra Service Pay**	**Office of Human Resources** **Personnel Action Request**

ID Number: T _____   ***Annual Salary:** _____

Last Name: _____   **Previous ESP:** _____

First Name: _____   **Approved Amounts for Current Fiscal Year:**

Middle: _____   **$** _____

Department _____   **$** _____

Present Job Title: _____   **$** _____

Check one: _____ **Non-credit Instruction** _____**Credit Instruction** _____**Consultant** _____ **Other**

Description of Service:

Services rendered   **From:**   **To:**

Total payment amount: Check one: ____**One-time payment (at the end of service period)**
                                            ____**Distributed across service period**

Source of funds for extra service payment
  Fund _____   **Org** _____   **Acct** _____   **Program** _____
      Position number: _____

Special Conditions:

PEOPLEADMIN ROUTING

Requestor to **Department Head** to **Dean** to **VP** to **Title III*** to **Grants*** to **Budget** to **Human Resources** to **President**
                                       *optional (for grant-funded positions)

Please print and have the employee sign the Verification of Additional Work form (found on a separate tab in this workbook). Scan and attach that and any additional back-up material (such as a leave request form) as supplemental documentation in PeopleAdmin. *The maximum Extra Service Pay that can be earned in the fiscal year is 20% of the annual salary.

1. Complete form and save to your network folder.   3. Attach completed form to PARF action.
2. Begin new PARF action in PeopleAdmin.   4. Track action to make sure routing does not stall.

TENNESSEE STATE UNIVERSITY	**Verification of Additional Work**	**Office of Human Resources** **Personnel Action Request**

ID Number: **T**_____

Last Name: _____

First Name: _____

Middle: _____

Department   _____

Present Job Title: _____

I,_____**, have agreed to perform the following**

duties: _____

_____

_____

for (department): _____

in connection with (name of grant or research project):_____

_____

for the agreed upon total amount of: $_____. This service will in no way interfere with my regularly

assigned job duties or work schedule at Tennessee 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.