



Permission for Extra-Compensation for Staff (.75  
FTE or greater) PERIOD COVERED: JULY 1, 2025 – JUNE 30, 2026

STAFF – ONLY

PLEASE READ: Employee is responsible for submitting form with their supervisor's signature. Paying unit is responsible for any ePAFs and necessary temporary instructional title appointment for teaching assignments. Once fully approved at the College Dean/Supervisor level, please attach the completed form to the Additional Pay ePAF for approval.

Employee name:		Employee ID:		FTE:	
Email address:		Title:			
Unit:		Immediate supervisor:			

Complete this section for extra compensation paid by OU for: <i>Teaching assignment(s)</i>						
Semester/Year	Course	Time of class	Course Title	Academic Unit responsible for instruction	Individual making assignment	Amount to be paid
<i>Work other than Teaching</i>						
Dates of Assignment	Type of work			Department making assignment	Individual making assignment	Amount to be paid

Chartfield Spread/Funding Information

If work is performed during normal work hours, please describe, in detail, how your normal job responsibilities are unaffected:

Your signature below indicates your understanding that leave will be taken for the time missed from work or work will be performed outside normal working hours. Additionally, compensation in the form of a supplemental pay does not result in a contribution from the university to your defined contribution plan, if applicable.

_____ Employee's signature/date	_____ Employee's immediate supervisor approval/date	_____ Employee's Chair/Director/Supervisor approval/date	_____ College Dean/Supervisor approval/date
------------------------------------	--	---	--