



# Regent University Special Project Approval/Payment Authorization

(Use to pay regular full-time and regular part-time employees special project or extra pay when approved in advance by a vice president.)

## SECTION 1: Submit for pre-approval before any work is begun

Date Completed: \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

\_\_\_\_\_ Exempt / Monthly Payroll

\_\_\_\_\_ Non-exempt / Semi-Monthly Payroll

**Job Title:** \_\_\_\_\_

**Department where Employee Regularly Works:** \_\_\_\_\_

**Department where Special Project will be performed:** \_\_\_\_\_

**Cost Center Number to Charge:** \_\_\_\_\_

**Description of Work:** Answer the following: **1)** Clearly describe the project. **2)** Does the work in any way lessen the employee's effectiveness, productivity, attendance or availability in his/her primary job? **3)** Can work be performed during normal work hours or does it take extra time? Explain why work requires extra time. **4)** Is it more logical and/or more cost effective to assign the project to a Regent employee than to someone outside the University? Why? **5)** Provide sufficient justification for the assignment to be considered exceeding the scope of the individual's responsibilities and expectations. **6)** Other relevant information.

**By signing below, this confirms the Employee has been assigned to perform the duties below and that the Employee has agreed to do so.**

**Amount of Pay:**

**Lump Sum:** \$ \_\_\_\_\_

**OR**

**Pay Per Hour:** \$ \_\_\_\_\_

Projected Number of Hours: \_\_\_\_\_

*(record hours below upon completion)*

ROUTING/APPROVAL (order of approval)	PRINT NAME / SIGNATURE	DATE
COST CODE APPROVER		
EMPLOYEE'S DIRECT SUPERVISOR		
DEAN (IF EMPLOYEE WORKS IN SCHOOL)		
EVP OR VICE PRESIDENT		

The University reserves the right to terminate the Services at any time upon notice to the Employee, in which event Employee will only be paid for acceptable work prior to the termination. The work referenced above is in addition to the Employee's normal workload, and will not result in any release from other duties. The terms of this engagement is subject to the Employee Handbook.

## Read and agreed:

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SECTION 2:

If Employee is to be paid at an hourly rate (rather than lump sum), please list days and hours worked in this section, sign below, and submit prior to payroll deadline for each relevant pay period. If Employee is to be paid a lump sum, Employee will merely sign below and submit to HR/Payroll, ADM 111. Incomplete forms will be returned for completion and may result in delayed payment.

**Employee Signature:** \_\_\_\_\_

**Last Four of SSN:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*(Confirmation all work is completed as assigned.)*