Clarion University
Application for Approval of Supplemental Salaries

Employee's Name: 
Faculty ID Number: 
Department: 
Position: 
Earning Codes: 
  ___ Summer School (700)
  ___ Credit Hour Overload (710)
  ___ Preparation Overload (712)
  ___ Student Teacher Supervision Overload (714)
  ___ Independent Study (720)
  ___ Individualized Instruction (725)
  ___ Extended Studies/ Distance Ed (745)
  ___ DE - Course Dev Online (780)
  ___ DE - Course Dev ITV (786)
  ___ DE - Course RE-Development (788)
  ___ DE - Remote Site (782)
  ___ DE - Enrollment Online (790)
  ___ DE - Enrollment ITV (784)
  ___ Faculty Grant Work/Other (799)
  ___ Staff Grant Work (899)
  ___ Camps/Clinics (899)

Explanation & Justification: 

Salary to be paid to the individual: ____________________________
Cost Center to be Charged: ____________________________

Benefits Cost: ____________________________
Cost Center to be Charged: ____________________________

Your signature certifies that supplemental work was done outside of the regular work schedule and did not interfere with the conduct of normal duties.

Signatures:

Staff/Faculty Member ____________________________ Date
Chairperson/Director ____________________________ Date
Principal Investigator of the Grant ____________________________ Date
Dean ____________________________ Date
Provost ____________________________ Date