



Human Resources

UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

Faculty Additional Pay PRE-APPROVAL

This form is used to obtain pre-approval for faculty additional payment beyond approved academic year salary. This form must be attached to the Additional Pay Form each time payment is requested. **THIS FORM IS NOT TO BE USED FOR ADMINISTRATIVE STIPENDS AND/OR SUMMER PAY FOR 9-MONTH FACULTY.**

Employee Name: _____ Title: _____

School/College and Home Department: _____ Employee ID: _____

Sponsoring Department (if different from home dept): _____

Sponsoring Department Contact Name and Phone: _____

Allowable Types of Additional Compensation

Select one:

- Teaching Overload** - indicate type: Additional Courses Curricula Development On-Line course coordinator
 Continuing Education/Extended Studies Other teaching related activities

Please refer to Faculty Compensation Policy at [Faculty Compensation - DC](#)

If overload exceeds two courses or equivalent to 6 credit hours, Provost signature is required.

- Awards/ Incentive Programs** (Awards program must be pre-approved by the Human Resources Director with documentation attached. Please reference to APS
https://www.cu.edu/psc/procedures/PPS/PPS_Recognition_and_Training.pdf

- Service** Lecture/Performance Other service _____

Description of activity (e.g., course title(s), award program, service organization and/or activity):

1. Begin Date: _____ Expected/End Date: _____

2. Total remuneration for this activity: \$ _____

_____ Academic Year Salary: \$ _____

% above Academic Year Salary being requested: _____

Total additional amount received to day during current Academic Year: \$ _____

3. Please describe factors involved in determining how the amount of compensation is calculated.

4. Speed Type: _____

5. If activity is being paid by a sponsored program, list program _____
(Note: Sponsored programs accounting signature required below).

| Dept./School/College Pre-Approvals Signature Routing | If required |
|--|--|
| 1) Employee _____ Date: _____ | 5) Provost _____ Date: _____ |
| 2) Sponsoring Dept. Dean _____ Date: _____ | 6) Sponsored Programs Accounting _____ Date: _____ |
| 3) Home Dept. Chair/Director _____ Date: _____ | |
| 4) Home Dean _____ Date: _____ | |

Final Routing: After all signatures have been obtained on this form, send original form back to sponsoring or home department.

Deans should consider a number of factors when deciding whether to approve additional pay for faculty. Below is a series of questions to assist in that decision. See [Faculty Compensation - DC](#) for policy.

Rules

- 1) **Is the person on a fulltime, 9-month contract?** If yes, continue. If no, additional pay allowed.
- 2) **Is this person on sabbatical?** If yes, answer is no (unless extenuating circumstances). If no, continue.
- 3) **Is this person on a reduced workload agreement?** If yes, no additional pay allowed unless extenuating circumstances.
- 4) **What is the pay amount?** Does it seem reasonable given their current salary and the amount of effort involved?
- 5) **What is the source of funds?** If grants/contracts, must seek approval from sponsored program accounting.

Work Load

- 1) **Has the faculty member reported additional work/ pay outside the university (under the 1/6th the policy)?**
- 2) **Will additional activities/pay affect what is expected from this person regarding research productivity and quality? Are they already fulfilling their workload percentages for research?** If yes, what are those activities and related effort? If not, additional pay should not be given for research related activities.
- 3) **Is this an assignment the person has done before—or will it require considerable prep?** (e.g., new course, new project)
- 4) **Are they teaching within their own department, or for another department, school or CU campus?** If outside their department/school/campus, what is the rationale?
- 5) **How will additional work be included for FRPA/ merit?**
- 6) **Are they currently receiving additional compensation for other university activities?**
- 7) **Does their performance level support their ability to handle the additional work/ activities and keep up their regular, full time responsibilities?**
- 8) **Is the person tenured? Or is this a junior faculty?** Might be more difficult for junior faculty to take on additional work.

Conflict

- 1) **Is there a potential conflict of interest or conflict of commitment?** If there is a potential conflict on interest, faculty member should complete the Conflict of Interest form.