



EXTRA DUTY PAY REQUEST FORM

Requester:

NAME:

TITLE: [Click here to enter text.](#)

DEPARTMENT:

DATE OF REQUEST: [Click here to enter text.](#)

Extra Duty Pay requested for (current information):

NAME: [Click here to enter text.](#)

EMPLOYEE ID:

DEPARTMENT NAME: [Click here to enter text.](#)

DEPARTMENT #:

TITLE:

GRADE:

SUPERVISOR:

[Click here to enter text.](#)

FLSA STATUS: EXEMPT NON-EXEMPT

FTE: [Click here to enter text.](#)

ANNUALIZED SALARY: [Click here to enter text.](#)

When did the last written performance evaluation occur? [Click here to enter text.](#)

Are there any performance concerns? YES NO

If yes, please explain. [Click here to enter text.](#)

Extra Duty Pay request information:

Proposed increase (ECAS HR can provide assistance): [Click here to enter text.](#)

How was the increase amount determined? [Click here to enter text.](#)

Proposed effective date: [Click here to enter text.](#)

Justification:

Describe the situation that prompted the request for extra duty pay (i.e. employee on FMLA, vacant position, etc.).

[Click here to enter text.](#)

Expected end date? [Click here to enter text.](#)

Please explain the primary additional duties to be handled? [Click here to enter text.](#)

Why was this employee selected instead of others in the business unit? [Click here to enter text.](#)

Do you expect anyone to question this decision? YES NO

If yes, please explain. [Click here to enter text.](#)

Will this employee continue to handle his/her regular responsibilities? YES NO

Will the employee likely be required to work beyond his/her FTE for these additional duties?

YES NO

Funding Source Name and Speedtype

Funding Source Name:

Speedtype:

Please return your completed form to your ECAS HR support contact.