**Boston University** Questrom School of Business

## OVERBASE/ADDITIONAL COMPENSATION REQUEST FORM

Please TYPE the information below when requesting an overbase or additional compensation for Boston University employees. Please send the completed form to Dean Susan Fournier at least one month before the anticipated start date of the work to be completed. Please allow up to 60 days in total for processing of the paycheck. Requests received after the work has been completed will not be accepted. Please call (8.6652) or email Joelle Jean-Fontaine (Joellejf@bu.edu) with any questions.

| | |
|---|---|
| Person to Perform Work: | |
| Title: | |
| BU ID# | |
| Home Department: | |
| Status: | ☐ Full-Time ☐ Part-time |
| How amount was determined (based on hourly rate, % of time, etc.): | ☐ Hourly Rate<br>☐ 10% of base salary |
| Amount to be paid: | |
| Account(s) to be charged: | |
| Effects of not paying the requested Overbase or additional compensation: | |
| Explanation of work to be performed: | |
| Work Start Date: | |
| Work End Date: | |
| Department Contact Person: | |
| Extension: | |
| Chair/Director Signature: | |
| Person Responsible for Account Signature: | |
| Date: | |

☐ Recommend approval
☐ Do not recommend approval

_____ _____
Susan Fournier Date

Comments: