

OVERBASE/ADDITIONAL COMPENSATION REQUEST FORM

Please TYPE the information below when requesting an overbase or additional compensation for Boston University employees. Forms are due at the Dean's Office by the first Friday of each month in order to be processed for that month's payroll. Please submit the completed form to the Dean's Office at least one month in advance of the anticipated work start date.			
Person to Perform Work:			
Title:			
BU ID #:			
Home Department:			
Status:	Full-Time	Part-Time	Other:
Rate of Payment (of base salary):	10%	5%	2.5% Other:
Account(s) to be charged:			
Explanation of work to be performed (Please include Course Number and Course Title):			
Work Start Date:			
Work End Date:			
Form Completed By:			
Extension:			
Chair/Director Signature:			
Person Responsible for Account Signature:			
Date:			
For Dean's Office use only			
Amount of Payment:			
Recommend approval			
Do not recommend approval	_____	_____	_____
	Susan Fournier		Date
Comments:			