



Additional Pay – Extra Compensation

This form is for full-time staff only.

USC ID Full Legal Name

Effective Date End Date (if app.)

Type of extra compensation

Requested amount to be paid: \$

 One-time Ongoing

Account to charge if different from base pay funding:

Dept	Fund	Class	Split	%
Dept	Fund	Class	Split	%

Justification

Name: Signature: Date:

Supervisor:			
Dept. Head:			
Budget:			
Other Req. Approval:			

Submit completed form to Human Resources. For employees who report to Academic Affairs, submit completed form to Academic Affairs.

If this form is submitted after the effective date listed above, a late memo indicating reason and prevention plan must be attached.