

Prepared by: \_\_\_\_\_  
Ext: \_\_\_\_\_

Faculty Task/Augmentation Pre-Authorization Request Form - VPAA-11B (Rev. 4/17)

*This document MUST be completed PRIOR to any work on the additional assignment and it should be attached to the payroll authorization that is processed to make the actual payment(s).*

**To be completed by paying department:**

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_ Base Salary: \_\_\_\_\_  9 mo.  12 mo.

Rank/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Workload % of Time Assigned to: \_\_\_Instructional \_\_\_Research/Creative Activities \_\_\_Administration/Service

Payment Type:  Task  Augmentation

What are the total supplemental compensation (gross) payments received fiscal year-to-date (9/01 – 8/31): \_\_\_\_\_

Assignment Start Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_ Total Expected Hours Worked: \_\_\_\_\_

Total Amount to be paid to Employee: \_\_\_\_\_ Funding Source for Payment: \_\_\_\_\_

Please thoroughly describe the assignment to be performed. (Attach additional documents as needed.)

---

---

---

How does the proposed work benefit UNT?

---

---

---

**If an augmentation**, identify how this is at a higher level or outside the scope of the current position. (Attach additional documents as needed.)

---

---

---

**If a task payment**, provide information on how the assignment requires additional time and effort outside of the scope of the faculty member's normal duties. (Attach additional documents as needed.)

---

---

---

How was the rate of pay determined and is it equitable with similar effort in your college?

---

---

---

Will UNT receive financial benefits from this assignment:  Yes, approx. amount: \_\_\_\_\_  No

How will the work and effort be verified for completion?

---

---

---

**APPROVALS:** All approvals acknowledge compliance with the criteria in the UNT System Supplemental Pay Regulation and Faculty Pay Guidelines.

<i>Approved</i>	<i>Not Approved</i>	<i>Signatures</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Deptid / Projid Holder:	_____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Chair:	_____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dean:	_____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vice President:	_____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	President:	_____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Human Resources:	_____ Date: _____

Requests to be paid from sponsored projects, in compliance with the Faculty Supplemental Pay Guidelines, should be forwarded to the Office of Research Services for review after the Dean's approval.

<i>Approved</i>	<i>Not Approved</i>	<i>Signature</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Research Office:	_____ Date: _____