

VPAA 11B: Faculty Task/Augmentation Pre-Authorization Form



Prepared by:

Date:

Return approved form to (email address):

Completion and full approval of this form is required prior to work beginning per policy 05.0540 Supplemental Compensation. Please use abbreviations as applicable when completing the form. ex: Rank ("Asst Prof"), College ("COI"), Dept ("LTEC")

Payee and work assignment:

Last name:

First name:

Emplid:

Job Code:

Rank:

College:

Dept:

Base salary:

9-month

12-month

Task

Admin. Supplement

Augmentation

see Faculty Compensation guide (to determine appropriate type)

Funding source (chart string):

Total amount to pay to employee:

Start date:

End date:

Total expected hours to be worked:

% of time assigned (workload) to:

Instructional

Research/Creative

Admin/Service

Total supplemental compensation payments to date for fiscal year:

Has the faculty member received a course release for work related to task/augmentation:

No

Yes

Briefly explain how the task/augmentation requires additional time/effort outside the scope of normal duties. For augmentations, identify how the assignment requires a higher level and/or is outside the scope of the current classification. **If more space is required, attach additional documentation.**

How this task/augmentation benefits UNT:

How rate of pay was determined and is it equitable to similar effort in the college:

Will UNT receive financial benefits from this assignment?

No

Yes, approx. amt:

Who will verify completion of the assignment?

Approvals: *All signatures acknowledge approval and compliance with UNT System supplemental pay regulations and faculty pay guidelines.*

Deptid/Projid holder approval:

AFO/Budget Officer approval:

Dept. Chair approval:

Dean/Executive Dean approval:

VP (if applicable) approval:

Once the above signatures have been obtained route form to: Academic.Resources@unt.edu. Academic Resources will review for compliance and obtain required administrative signatures. We will assign a Form id number. Upon approval, the fully signed VPAA11B will be returned to the email address listed on form. Please allow at least 5-10 business days for full approval and return of form.

Academic Resources Review and Approvals:

Form id:

President's signature required (*per policy 05.040*):

Duration

Late

Reason (notes) regarding need for president's signature:

Reviewed for Academic Resources by:

Administrative signatures (Academic Resources handles)

Provost:

President:

Academic Resources:

Research (if applicable):

Please ensure finalized VPAA11B is attached to the ePAR when submitted and include the Task Completion form (located on the Academic Resources Forms page).