



REQUEST FOR OUT OF TITLE WORK/APPROVAL
STAFF ONLY

CONFIDENTIAL

Initial Request Request for Extension of Assignment

Requestor:	Department:	Building:	Room:	Extension:
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Name of Employee:	Hospital ID #:	Current Position Title:		
Current Salary:	Exempt or Nonexempt:	Time Sheet/Org #:	Home Org #:	

Justification:

APPROVALS

Supervisor:	Department Head:
Principal Investigator/Project Director:	Responsible Executive:
Fiscal Officer:	

Earnings Code: 190	Fund:	Org/Index:	%
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Compensation Approval:	Approved Rate of Pay:	Approved Duration of Assignment:
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Instructions:

- 1. Requesting Department completes top section, endorsed by Department Head and Responsible Executive and Fiscal Officer and then submits to Compensation for approval.
- 2. Compensation reviews request and signs, completing approved rate, approved duration of assignment, exempt/non-exempt status, and current salary sections, keeps a copy and forwards copies to Payroll, Originating Department and to Fiscal Officer.

Distribution:
C: Payroll, Originating Department and Fiscal Officer