

Additional Compensation Request Form

*** Form must be completed in advance of planned work to confirm payment eligibility. ***

Please return completed form to the Dean's Office at facultyaffairs@gsb.columbia.edu

Employee Name: _____

Period to be Worked: Start: _____ End: _____

Type of Work:

- Teaching (Overteaching, GIP, NYIP, co-teaching) specify dates, course number/title & number of credits
 - *Advanced Approval of Additional Teaching from Dean's Office Attachment Required*
- Leading or teaching in a non-credit format (e.g. Orientation, boot camp etc.)
- Advising a thesis/independent study
- Executive Education (including ECLA)
- Other Service (please specify): _____

Detailed Description of work to be completed / Reason For Payment: _____

Chart String to Charge:

GL Unit	Account	Dept	PC BU	Project	Activity	Initiative	Segment	Site	Amount
Old Acc't #								Total:	

Payment Authorization:

Name of Department Head: _____

Signature: _____

Date: _____

Dean's Office Approval:

Sum of counted payments including this one as % of allowable payments: _____

Name of Dean's Office Approver: _____

Signature: _____

Date: _____