Authorization for Temporary Responsibility Compensation

(Recurring, Additional, and Temp Pay)

Clear Form

Employee Name _____ **Cost Center / WBS** _____

Personnel # _____ **Position #** _____

Type of Temporary Responsibility Compensation Being Submitted

☐ **Instructional Assignment**
Admin, Faculty & Staff
Courses with Student Enrollment

☐ **Non - Instructional Assignment**
Admin, Faculty & Staff
End of Project payment or One-Time Pay

☐ **Temporary Pay Assignment**
Admin

☐ **Temporary Pay Assignment**
Staff

Temporarily assuming duties/responsibilities from vacated position

Source of Temporary Pay Funding

Cost Center _____

Position # _____

Additional Details _____

Dates and Description of Work Performed

(Examples: Teaching xxxx Course - Completed xxxx Training - Working on xxxx Project - Assumed XXX Duties)

Start Date _____ **End Date** _____

_____

RECURRING PAYMENT

Payments Begins _____ **Payments Ends** _____

Amount of Monthly Payment _____

☐ **1412 Summer Instructional**

☐ **1413 Summer Research**

☐ **1424 Additional Wages**

☐ _____

ONE TIME ADDITIONAL PAYMENT

Payment Date _____

Amount _____

☐ **0601 Award**

☐ **0623 Relocation Expenses**

☐ **1401 Additional Compensation**

☐ _____

Approval Signatures - Dates

_____

_____

_____

Temporary Responsibility Compensation Certification

☐ *I certify this action meets the requirements identified in Executive Memo 19*

Certified by	
Form Created by	

In accordance with Article III-19 of the Nebraska State Constitution, extra compensation after services have been rendered is not permitted. As such, the assignment of temporary duties and/or compensation retroactively is prohibited.

Entered/Reviewed By		
Date Entered & Reviewed		