



**Priority Ordering Test (POT)
Extra Compensation Form**
Southern University – Baton Rouge

This form is to be used to determine eligibility for extra-compensation for employees providing extra-work on project funded outside the general resources of Southern University and A&M College (i.e., federal grants and/or contracts, etc.).

- New
 Change

Name (Last)	(First)	(MI)	SUID S	SU Email
Primary Employee Status Faculty Staff Other			Primary Position Title	
Primary Position Department		Primary Position College		Phone Number

Project Title

Funding Agency	Project Period
_____	_____

Description of Proposed Work

JUSTIFICATION FOR EXTRA-COMPENSATION FOR EXTRA WORK (Check all that apply):

- Outside activity involving monetary remuneration/compensation Outside Activity involving more than one business day/week
 On-campus activity involving more than one business day commitment/week Work cannot be done on Released-Time
 Proposed work cannot be done during Summer Session Work is incidental, inconsequential, sporadic, or negligible
 Proposed work is approved in writing by the sponsoring agency or is specifically provided for in the proposal

Time Commitment

Beginning Date	End Date	Frequency (one time, once per month, etc.)	Total Time Commitment (days/hours)

Prior Extra-Compensation

AUTOMATIC CALCULATION

Last Academic/Fiscal Year	Base Salary Amount	Percentage of Base	Duration	TOTAL REQUESTED
Current Academic/Fiscal Year	Base Salary Amount	Percentage of Base	Duration	TOTAL REQUESTED
NEW REQUEST	Base Salary Amount	Percentage of Base	Duration	TOTAL REQUESTED

Employee Certification (All boxes must be checked, and Employee must sign below):

- I certify that the proposed work **WILL NOT** constitute a conflict of interest of the appearance of a conflict of interest for me;
 I certify that the proposed work **WILL NOT** interfere with the punctual discharge of my official duties; and
 I certify that the proposed work **WILL MEET** one of the following criteria: (a) is a means of personal professional development; (b) serves the community, state or nation; or (c) is consistent with the objectives of the institution.

SU Initiating Employee/PI Signature

Date

APPROVALS

PI Approval (if applicable)	Date	Phone/Ext.
SU Chair/Program Leader/(Director)	Date	Phone/Ext.
SU Dean/(Director)	Date	Phone/Ext.
SU Director of OSP	Date	Phone/Ext.
SU Vice Chancellor of ORSI-ED	Date	Phone/Ext.
SU Chancellor	Date	Phone/Ext.