

PRIORITY ORDERING TEST (POT)*
Extra-Compensation for Extra-Work

1. Name _____ E-mail Address _____
Dept. _____ College _____
Signature _____ Phone Number _____

2. Project Title _____

3. Funding Agency _____

4. Brief Description of Proposed Work: _____

5. Can proposed work be done on a Released-Time basis? Yes/No (Circle one)
Explain: _____

6. Can proposed work be done during the Summer Session? Yes/No (Circle one)

7. Characteristics of proposed work:

a) Is it interdepartmental or involves a separate or remote operation? Yes/No (Circle one)
Explain: _____

- b) Is it incidental, inconsequential, sporadic, or negligible in nature? Yes/No (Circle one)
Explain: _____

- c) Is it approved in writing by the sponsoring agency or is it specifically provided for in the proposal? Yes/No (Circle one)

Explain and attach documentation _____

8. Prior Extra-Compensation:

- a) How much extra-compensation did you receive during the last academic year and summer?
Amount _____ Percentage of base _____ Duration _____

- b) How much extra-compensation have you received for the current academic year?
Amount _____ Percentage of base _____ Duration _____

- c) How much extra-compensation are you requesting now?
Amount _____ Percentage of base _____ Duration _____

9. CERTIFICATION:

Based on my evaluation of responses to items 5-8 above, and my understanding of the Southern University-Baton Rouge (SURB) *Extra Compensation Implementation Plan*, my signature does hereby attest to my position relative to this request.

SUBR Chairman/(Director) Date Approve/Disapprove (state item #____)

SUBR Dean/(Director) Date Approve/Disapprove (state item #____)

SUBR Director, OSP Date Approve/Disapprove (state item #____)

SUBR Vice Chancellor, ORSI Date Approve/Disapprove (state item #____)

SUBR Chancellor Date Approve/Disapprove (state item # ____)

