OT#			



SU Chancellor

## Priority Ordering Test (POT) Extra Compensation Form

Southern University – Baton Rouge

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.).

This form is to be used to determine

New

Change

	(5)		4.00 L 0.00			
Name (Last)	(First)		(MI) SUID		SU Email	
Primary Employee Status			Primary Position Tit	ile		
	Staff	Other	,			
Faculty Primary Position Department	Stall	Primary Position College		Phone Number	·	
Plinary rosition Department		Fillidiy Fusiliun Guilege		FIIOHE NUMBER		
Project Title						
Funding Agency			Project Period			
Description of Proposed V	Vork					
<ul> <li>On-campus activity involvii</li> <li>Proposed work cannot be</li> <li>Proposed work is approved</li> </ul>	done during Su	ımmer Session	• Work i	is incidental, inc	ork cannot be done on Released-Time consequential, sporadic, or negligible proposal	
Time Commitment						
Beginning Date	End Date	Frequency	(one time, once per n	nonth, etc.)	Total Time Commitment (days/hours)	
D. L. Fotos Commonostion						
Prior Extra-Compensation  Last Academic/Fiscal Year	Base Salary	Amount Percen	tage of Base	Duration	AUTOMATIC CALCULATION TOTAL REQUESTED	
Last Academic/Fiscal Foa.	Dasc-Garan-y	Amount	lage of base	Duration	I OTAL REGISTER	
1 the demistries of Vegr	Page Colony	Porcon	(Page		TOTAL PEQUESTED	
Current Academic/Fiscal Year	Base Salary	Amount Percen	tage of Base	Duration	1 TOTAL REQUESTED	
	Colone			- S-ution	TOTAL DEGUECTED	
NEW REQUEST	Base Salary	Amount Percen	tage of Base	Duration	1 TOTAL REQUESTED	
Employee Certification (All  I certify that the proposed of the community, state or nation	work <b>WILL NO</b> work <b>WILL NO</b> work <b>WILL ME</b>	I constitute a conflict of I interfere with the punctions of the following	interest of the appe tual discharge of m criteria: (a) is a me	earance of a con y official duties;		
SU Initiating Employee/PI S	ignature		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.	
				Date	Phone/Ext.	

Phone/Ext.