



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) Doe	(First) Jane	(MI)	SUID S12345678	SU Email jane.doe@sus.edu
Primary Employee Status <input checked="" type="radio"/> Faculty 9-month <input type="radio"/> Staff 12-month <input type="radio"/> Other			Primary Position Title	
Primary Position Department Mechanical		Primary Position College Sciences & Engineering		Phone Number (000) 000-0000

Project Title
 The Grant Experience: Navigating Your Way to Success

Funding Agency NSF	Project Period 08/01/2025 - 7/31/2026
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Description of Proposed Work
 Dr. Jane Doe serves as the PI and will lead, manage, and implement activities specified in the project scope of 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)
18-Aug-2025	11-Dec-25	Weekly	10hr/wk

The extra-compensation for Jane Doe must not exceed

Prior Extra-Compensation Monthly base for Jane Doe = 65000/9 x 0.25 **\$1805.56/month** during the Academic (Fall and Spring) year.

Last Academic/Fiscal Year	Base Salary Amount	Percentage of Base	Duration	TOTAL REQUESTED
		0.00%		
Current Academic/Fiscal Year	Base Salary Amount	Percentage of Base	Duration	TOTAL REQUESTED
		0.00%		
NEW REQUEST	Base Salary Amount	Percentage of Base	Duration	TOTAL REQUESTED
Fall 2025	65,000.00	12.50%	5	8,125.00

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

**Jane Doe can receive the remaining 12.5% during the Spring 2026 semester. A separate POT form is required.*

- I certify that the proposed work **WILL NOT** constitute a conflict of interest of the appearance of a conflict of interest for me; **See Page 2**
 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.

