

Extra-Contractual Compensation - Transition to Workday Supplemental Form

Additional information needed to complete Extra-Contractual Compensation transactions
(Please attach to ECC Request form for approval)

Employee Name: _____

College/Department work is being completed for: _____

Beginning Date of Work: _____

Ending Date of Work: _____

FTE: _____

Detailed description of work being completed, e.g. course name or project:

of credits (if applicable): _____

Per credit amount (if applicable): _____

Course dates & hours (if applicable): _____

Account Number(s)/Work Tag(s)/Department Acct(s)	Amount to be paid from account	Payroll Start Date	Payroll Stop Date