

Additional Compensation Agreement

Date: _____

Employee

Name: _____

ID: _____

Additional Responsibilities

Activity: _____

Activity Date (s): _____

Estimated Hours: _____

Work to be Performed: _____

Total Amount of Compensation: _____

Notes: _____

Employee Acceptance

I agree to perform the above work in addition to my normal workload for the compensation outlined. I understand that this does not relieve me of my obligation to fulfill my primary work assignment in full. I understand it is my responsibility to receive approval from my primary supervisor for these secondary duties.

Employee Signature: _____ Date: _____