



**ODU RESEARCH FOUNDATION
NON- FACULTY
SUPPLEMENTAL COMPENSATION
AUTHORIZATION FORM**

Name: _____

Project Number: _____

Sponsor Name: _____

Justification for Payment:

Describe in detail how the work is in addition to your regular assigned work load.

Employee Signature _____ Date: _____

PI/Supervisor Signature: _____ Date: _____

Academic Affairs _____ Date: _____
(FA/FP Only)

FOR GRA OVERLOAD ONLY

Graduate Program Director Approval _____ Date: _____

Dean Approval _____ Date: _____

Research Foundation Required Approvals:

GCA Signature: _____ Date: _____

Human Resources Signature _____ Date _____

Executive Director Signature: _____ Date: _____