



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

NON-FACULTY SUPPLEMENTAL COMPENSATION AUTHORIZATION

Name: UIN:
Project Number: Sponsor Name:
Period of Performance:
Wage Budget:

Explanation of work to be completed: Describe in detail how the work is in addition to the regular assigned work load.

Employee Printed Name & Signature: Date:
PI/Supervisor Printed Name & Signature: Date:

For GRA Overload Only

Graduate Program Director Approval: Date:
Dean Approval: Date:

Research Foundation Required Approvals:

Project Allowable & Budget Available

GCA Signature: Date:
Human Resources Director Signature: Date:
Executive Director Signature: Date: