



FACULTY
SUPPLEMENTAL COMPENSATION AUTHORIZATION FORM

Name: _____

Project Number: _____ Sponsor Name: _____

Justification for Payment:

(Note: Faculty overload justification must comply with ODU Policy - Extra Compensation, and also address the following elements as defined in 2 CFR 200.430)*

1. Describe in detail how the work is across departmental lines or involves a separate or remote operation.

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

PI/Supervisor Signature: _____ Date: _____

Required Approval:

Department Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Academic Affairs Signature: _____ Date: _____

GCA Verification:

- ePAS completed and attached Y [] N
Activity crosses departmental lines Y [] N []
Activity is in addition to regular work assignment Y [] N []
Sponsor approval has been obtained Y [] N []

GCA Signature: _____ Date: _____

RF Executive Director Signature: _____ Date: _____

*Note for Faculty Supplemental Payments:

2 CFR 200.430 states: [Intra-university] consulting by faculty is assumed to be undertaken as an...obligation requiring no compensation in addition to IBS [Institutional Base Salary]. However, in unusual cases where consultation is across departmental lines or involves a separate or remote operation, and the work performed by the faculty member is in addition to his or her regular responsibilities, any charges for such work representing additional compensation above IBS are allowable provided that such consulting arrangements are specifically provided for in the Federal award or approved in writing by the Federal awarding agency.