



IV. Previously Approved/In Process ATC and/or EDC's (For Current FY/AY)			
Course Name/Extra Duty	Term/Dates	Compensation Amount	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

V. Pay Amount & Funding					
Is the ATC to be paid in one lump sum or split over multiple pay dates?					
	One Lump Sum		Multiple pay dates (list dates below)		
Fund	Cost Center	Cost Center Name	*Pay Date (Start and End Date)	# of pay Dates	Amount of Bi-Weekly Gross**
<b>Total of Additional Compensation:</b>					
*Final pay dates will be determined based on date the final document is received by HRS. Number of pay dates could change to fit within the start and end date listed.					
**In addition to Gross, Fringe Benefits will be charged to the unit. Contact Budget/HRS if you need assistance in determining the Gross amount to be paid.					

VI. Approvals			
Employee's Signature:		Date:	
Supervisor of Employee: (Unit in which employee resides):		Date:	
<b>Approvals below based on unit responsible for funding:</b>			
Chair/School Director:		Date:	
College- Finance and Budget Manager*:		Date:	
Dean:		Date:	
Provost Office Budget*:		Date:	
Provost:		Date:	
<b>Other Administrative Approvals:</b>			
Office of Research & Sponsored Programs (only if Grant Funds are being used)		Date:	
Budget (required):		Date:	
VP Business, Facilities & Finance (required):		Date:	

\*College Finance & Budget representative signature varies by college (confirm with Dean who should sign)

Contact Information for Person Completing ATC Request			
Name:		Phone Ext:	