



CASE

CASE WESTERN RESERVE UNIVERSITY

ADDITIONAL PAY REQUEST

Employee name _____ Empl ID _____

Employee's current supervisor _____

Employee's current department _____

Proposed project (please be as specific as possible)

Project begin date _____ End date _____

Project duties

Proposed compensation amount due employee for work performed _____ Speed Type

Additional project work will not interfere with normal work schedule.

Employee signature _____ Date _____

Project department _____

Project supervisor name _____

Project supervisor title _____

Contact name (must have budget authority) _____

Contact Title _____

Campus address (LC) _____

Contact phone _____ E-mail: _____

