



# School of Osteopathic Medicine

## REQUEST FOR OUT-OF-TITLE WORK/APPROVAL

- Initial Request  
 Request for Extension of Assignment

Requestor: _____	Department: _____	Building: _____	Room: _____	Extension: _____
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Employee Name: _____		Current Position Title: _____		
University ID#: _____	Current Salary: _____	Exempt or Nonexempt: _____	Time Sheet/Org #: _____	Home Org #: _____
Justification: _____		Description of Duties to be Performed: _____		
Hours Requested: _____	Requested Time Period: _____	Rate of Pay Requested: _____	Expected Duration of Assignment: _____	Grant End Date: _____

APPROVALS		
Supervisor: _____	Department Head: _____	Fiscal Officer: _____
Principal Investigator/Project Director: _____	Dean, Vice President or Designee: _____	

Earnings Code: <b>190</b>	Fund: _____	Org/Index: _____	% _____
Earnings Code: <b>190</b>	Fund: _____	Org/Index: _____	% _____

Compensation Services Approval: _____	Approved Rate of Pay: _____	Approved Duration of Assignment: _____
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**Instructions:**

1. Requesting Department completes top section, endorsed by the school and/or operating unit's approval process (i.e. Department Head and Dean, Vice President or Fiscal Officer) and then submits to Compensation Services for Approval.
2. Compensation Services reviews request and signs, completing approved rate, approved duration of assignment, exempt/non-exempt status and current salary sections, keeps a copy and forwards copies to Originating Department.