MAILMAN SCHOOL OF PUBLIC HEALTH
Faculty Affairs and Human Resources Office
Additional Compensation Approval Request Form
Officer of Research

Name of Employee: _______________________________________
Current Job Title: _______________________________________
Administrative Department Name: ___________________________

Description of Project /Duties:

If teaching, please use CU "Instructional Appointment Authorization Form"
If charging a sponsored project, use CU "Additional Compensation – Sponsored Projects Registration Form"
and submit to spa_addcomps@columbia.edu for approval.

Duration of Additional Work: ____________________________ To ____________________________
Additional Compensation Amount: ________ Funding Support ARC Combo Code: ____________
Name of Requesting Department: _______________________________________________________

Name and Signature of requesting Supervisor: ____________________________________________ Date:_______
Name and Signature of Requesting Departmental Administrator/Designee: __________________________ Date:_______
Name and Signature of Administrative Department Chair/Director: __________________________ Date:_______
Name and Signature of Administrative Dept. Administrator/Designee: _________________________ Date:_______

Approvals:
MSPH HR/Salary Review Committee: __________________________________________ Date:_______

October 2015