



**Incidental Compensation Request Form**  
*(for full-time professional research and administrative research employees)*

A. EMPLOYEE INFORMATION					
Employee Name			Request Date		
Division/College			Department		
Location			E-Mail		
Phone			Fax		
B. PROJECT DESCRIPTION					
Project Period		Hours/week		Total Hours	
C. INCIDENTAL COMPENSATION DESCRIPTION					
Describe how the work to be performed is outside of your regular workload.					
Additional Comments					
D. CERTIFICATION OF AVAILABILITY OF FUNDS					
Amount		Account No.			
I certify that sufficient funds are available on this account and authorize this expenditure.					
Signature of Account Budget Authority			Date		
E. CERTIFICATION OF COMPLIANCE WITH UNIVERSITY POLICY/PROCEDURES					
I certify that the services to be performed are in addition to the normal workload duties and responsibilities. I have read and will comply with the Policy for Extra Compensation of Employees Supported by Sponsored Research Programs pertaining to Incidental Compensation. The information provided is true, complete, and provides an accurate representation of this project. Total incidental compensation will not exceed 8 hours additional work per week (20%), and this work will not conflict with regular University duties and assignments.					
Signature of Employee		Date			
Division Head Signature		Date		Department Chair's Signature, if applicable	
				Date	
RI Director Signature		Date		Dean's Signature, if applicable	
				Date	
F. COMPLIANCE WITH A-21 GUIDELINES					
I concur that the A-21 requirements for receiving incidental compensation have been satisfied.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Contracts and Grants Designated Representative				Date	
<b>Forward the original completed and signed ICRF to the Contracts and Grants Office. Retain a copy for your records.</b>					
If approved, the Contracts and Grants Office will send copies to the employee, the employee's Division Head or Department Chair, Human Resources, RI Controller's Office, and Account Authority. The Division Head or Department Chair and Account Authority are responsible for completing and submitting a Personnel Action Form (PAF) to Human Resources/Payroll Office for processing payment for incidental compensation. The employee will receive incidental payment with their next payroll check.					