Request for Special Compensation

Please see the below information relating to employment at Arkansas Tech University on a temporary basis. Type of Employee: Extra Labor Non-Work Study Student Worker (Only one selection per form) Event Name: Event Dates: Position #: _____ Index: _____ Org: ____ Program: _____ Amount per # of **Total** Name T Number **Pay Period Payments** Amount Requested by: _____ Title: _____ Signature: Date: Please email to hr@atu.edu once completed. Please complete all fields for faster processing. For Processing Purposes: HR Representative: _____ Date: _____ Set up in Banner: Payroll Approved: _____