



**Office of the Vice President for Research
Overload Compensation Request Form – Extra Service Pay
(for Professional Research employees charging to sponsored research programs)**

A. PROFESSIONAL RESEARCH EMPLOYEE INFORMATION

Employee:		Request Date:	
Division:		Phone:	
Group:		E-Mail:	

B. PROPOSAL/PROJECT INFORMATION

Title of Project:		Project No.	
Sponsor:		POP:	
Prime Sponsor:			

C. PROJECT SUMMARY (be specific; attach additional sheet if necessary)

D. ADDITIONAL EFFORT REQUIRED

A separate Overload Compensation Request Form – Extra Service Pay is required for each event.

Period of Event		Estimated extra service pay hours:	
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E. OVERLOAD COMPENSATION DESCRIPTION

Extra service pay is a form of overload compensation that is available to professional research employees who are required to provide significant effort beyond the institutional base salary (IBS) for episodic, well-defined work of limited duration that is commonly performed at a temporary and/or remote location. This work may have substantial national or international impact if delayed; cannot reasonably be conducted in such a way as to avoid significant effort beyond the IBS for key professional research employees; or, if not performed, could result in substantial financial hardship to a sponsor. Describe how the work meets these requirements.

F. 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. The information provided here is true, complete, and provides an accurate representation of this project. This work will not conflict with regular UDRI duties and assignments.

Employee requesting extra service pay signature	Date	Division Head signature	Date
Group Leader signature	Date	UDRI Director signature	Date

G. COMPLIANCE WITH 2 CFR 200 AND SPONSOR GUIDELINES

The 2 CFR 200 requirements for receiving extra compensation on this project have been satisfied. I approve submitting the request to the sponsor for approval.

Yes	No	Yes	No
Contracts & Grants Designated Representative signature	Date	Vice President for Research signature	Date
Sponsor Authorization Requested	Yes	No	Date
Sponsor Authorization Received	Yes	No	Date

Forward the original completed and signed PAF and OCRF-ESP forms to the Director's Office.

The Contracts and Grants Office will send copies of the OCRF, indicating sponsor authorization or denial, to the requestor, the requestor's Division Head, Research Accounting/Payroll Office, and Human Resources.