

**ACADEMIC ADDITIONAL COMPENSATION FORM
UNIVERSITY OF CALIFORNIA, SANTA CRUZ
DIVISION OF HUMANITIES**

To be used for additional compensation in the form of one-time payments, miscellaneous appointments, by agreement appointments.

1. COMPLETED BY DEPARTMENT/UNIT	
Appointee Name:	Appointee Email:
Requesting Unit:	Appointee Phone:
Working Title:	Location of Work:
Account to be Charged:	Total Compensation:
Work Begin and End Dates and/or Actual Days/Hours:	
Description of Work:	
Academic Supervisor of Appointee:	
Recommended by (Sign and Print):	Date:
Funding Authorization (Sign and Print):	Date:

2. COMPLETED BY ACADEMIC HUMAN RESOURCES	
Employee ID #	Home Department:
Payroll Title:	DOS Code:
Pay Period Begin and End Dates:	Paycheck Date:
Notes:	Recruitment Compliance (if applicable):
Reviewed by Academic Personnel Office (Sign and Print):	Date:
Approved by Dean (Sign and Print):	Date:

3. COMPLETED BY APPOINTEE	
To accept the appointment at the University of California, Santa Cruz please sign and email your consent to this agreement to the sender of this form.	
I accept the appointment under the terms described on this form.	
Appointee Signature:	Date: