

Employee Request for Service in Excess of 100%
(Not for use with Civil Service appointments)
(approvals must be obtained **prior** to service being performed)

Employee Name: _____ UIN: _____

Employee Home Department: _____

Employee Position Title: _____

Employee Position Funding CFOP(s): _____

Funding may not exceed 95% on sponsored funds during the approved period for excess service.

Person Requesting Service: _____ Unit: _____

Requesting Unit Contact: _____

Actual Service Dates: _____

Amount to be Paid: _____

CFOP(s) for Service: _____

Describe services to be performed and indicate specific reason(s) for selecting this employee to provide the service(s) (attached separate sheet if necessary):

Is the amount to be paid greater than \$5,000? ____ Yes ____ No (If the answer is yes, the request must also be approved by the Office of Academic Human Resources prior to services being performed.)

Oral Proficiency Certification:

Required by faculty and academic staff providing classroom instruction who are non-native English speakers, except those who teach foreign languages.

____ Proposed appointee has sufficient oral English language proficiency to provide instruction on this campus.

Indicate basis for certification of oral English language proficiency:

____ Formal Interviews ____ Assessment of Candidate by Colleagues
____ Public Presentations ____ Other, please explain _____

Signatures and Approvals:

Employee's Signature _____ Date _____

Requesting Unit approval _____ Date _____

Requesting College approval _____ Date _____

Employee's Home Unit approval _____ Date _____

Employee's Home College Approval _____ Date _____

Academic Human Resources Approval _____ Date _____
(required only for payments over \$5,000)

Chancellor's Approval _____ Date _____
(for faculty member on sabbatical leave)