



**CLASSIFIED EMPLOYEES EXTRA
COMPENSATION FORM**

Name (Last, First)		T#	
Date		Pay Period Begin Date	
Supervisor		Pay Period End Date	
		Time Sheet Org #	

Day of Week	Date	Hours
Total Hours		

Position #	Fund	Org	Account	Program	Activity	Location	Hours

Employee Signature	Date	Employee Email Address

Dept. Administrator Signature	Date	Dept. Phone Number

Completed forms should be transmitted to the Payroll Office. If you have any questions, please contact Payroll at 501.569.3136 or payroll@ualr.edu.