



## Extra Service Compensation (ESC)

### UTAH STATE UNIVERSITY REQUEST FOR EXTRA SERVICE COMPENSATION (Refer to University [Policy 376](#) when completing this form)

Date

**Request for ESC must be completed and approved PRIOR to the ESC work commencing.**

**It is the responsibility of the employee requesting ESC to initiate this form.** Please reference procedures [376-PR](#) while completing this form.

#### EMPLOYEE INFORMATION

Information for employee who is requesting extra service compensation (ESC). **This form is for exempt personnel use only.**

Name  A#  Title   
Home Department/Unit  Home College/Unit   
Campus Location

#### EMPLOYEE'S PROPOSED EXTRA SERVICE WORK

Dates ESC service will be performed:  to  Total Effort of ESC (in hours):   
Compensation expected for ESC:  Effort (in months):

The employee's full workload and scope of job expectation is specified in their primary work assignment. ([Policy 376.2.1](#))

☐ Extra service work is outside the scope of the employee's primary work assignment.

1) Describe the proposed extra service work; 2) Explain how the work is outside the scope of the primary work assignment; and 3) how it is temporary and unusual.

☐ Extra service work is directly related to the scope of the employee's primary work assignment.

1) Describe the proposed extra service work; 2) Explain how the work is directly related to the scope of the primary work assignment; and 3) how it is temporary and is a most unusual circumstance.

1)

2)

3)

#### EMPLOYEE'S CONFLICT OF INTEREST REVIEW

Per the conflict of interest questions in the procedures for this document I have a conflict of interest.

☐ YES☐ NO

If you answered yes, please update your conflict of interest disclosure through the [iComply system](#).

#### EMPLOYEE'S INSTITUTIONAL BASE SALARY - Completed by F.O. over source of funds

Institutional Base Salary (IBS)

Base Type

- ☐ AY (9 mo appt.)  
☐ FY (12 mo appt.)

Employee's FTE

Annualized Salary

20% of Annualized Salary

Estimate payments of ESC for this Project

ESC Earnings Rate

Institutional Base Salary Earnings Rate

Cumulative extra service payments for the fiscal year (including this request)

Cumulative ESC % of Annualized Salary

 \*

\*If extra service compensation will exceed 20% of the annualized salary, the Provost's approval is required.

**SOURCE OF FUNDS FOR THIS ESC PAYMENT - Completed by F.O. over source of funds**

- ☐ **Sponsored program sourced funds.** The Vice President for Research will have final approval on requests for ESC with sponsored program sourced funds.
- ☐ **Non-sponsored program sourced funds.** The Executive Vice President and Provost will have final approval on requests for ESC with non-sponsored program sourced funds.

**SOURCE OF FUNDS INFORMATION AND AUTHORIZATION**

**SPONSORED PROGRAM SOURCED FUNDS COMPLETE LEFT SIDE**

**Consulting performed for:**

SPO1 Title

PI

PI's Department

PI's College

Co-PI(s)

BANNER Index

Control Number

By signing below the grant PI certifies that the employee is authorized to consult on this grant and authorizes grant funds to be used to compensate the employee for ESC.

\_\_\_\_\_  
**Grant PI Signature**

\_\_\_\_\_  
**Date**

**NON-SPONSORED PROGRAM SOURCED FUNDS COMPLETE RIGHT SIDE**

Unit funding ESC

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By signing below the Department Head/Director authorizes funds to be used to compensate the employee for ESC.

\_\_\_\_\_  
**Source of Funds Department Head/Director Signature**

\_\_\_\_\_  
**Date**

**CERTIFICATIONS**

By signing below the employee has reviewed this ESC request and certifies the information as stated above is correct.

\_\_\_\_\_  
**Employee (Print or type name)**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

By signing below the Financial Officer with the source of funds for the ESC payment certifies that the source of funds, salary, and calculations are correct and accurate for the employee.

\_\_\_\_\_  
**Source of Funds Financial Officer Name (Print or type)**

\_\_\_\_\_  
**Source of Funds Financial Officer Signature**

\_\_\_\_\_  
**Date**

By signing below the Division of Sponsored Programs certifies that prior approval for ESC on this project has been granted by the sponsoring agency (for sponsored program sourced funds only).

\_\_\_\_\_  
**Sponsored Program Representative Name (Print or type)**

\_\_\_\_\_  
**Sponsored Program Representative Signature**

\_\_\_\_\_  
**Date**

## APPROVALS

By signing below the Department Head/Director approves this ESC request and agrees with the information as stated above.

\_\_\_\_\_  
**Department Head/Director** (Print or type name)

\_\_\_\_\_  
**Department Head/Director Signature**

\_\_\_\_\_  
**Date**

By signing below the Dean/Vice President approves this ESC request and agrees with the information as stated above.

\_\_\_\_\_  
**Dean/Vice President** (Print or type name)

\_\_\_\_\_  
**Dean/Vice President Signature**

\_\_\_\_\_  
**Date**

By signing below the Regional Dean/Chancellor approves this ESC request and agrees with the information as stated above.

\_\_\_\_\_  
**Regional Dean/Chancellor-if applicable** (Print or type name)

\_\_\_\_\_  
**Regional Dean/Chancellor Signature**

\_\_\_\_\_  
**Date**

### SPONSORED PROGRAM SOURCED FUNDS COMPLETE LEFT SIDE

☐ APPROVED

☐ DENIED

\_\_\_\_\_  
**Vice President for Research Signature**

\_\_\_\_\_  
**Date**

### NON-SPONSORED PROGRAM SOURCED FUNDS COMPLETE RIGHT SIDE

☐ APPROVED

☐ DENIED

\_\_\_\_\_  
**Executive Vice President and Provost Signature**

\_\_\_\_\_  
**Date**

The Provost's approval is also required if cumulative ESC is over 20% .

**PROVOST 'S APPROVAL REQUIRED IF CUMULATIVE ESC EXCEEDS 20% OF EMPLOYEE'S ANNUALIZED SALARY OR IF THIS REQUEST IS DIRECTLY RELATED TO THE PRIMARY WORK ASSIGNMENT**

☐ APPROVED

☐ DENIED

\_\_\_\_\_  
**Executive Vice President and Provost Signature**

\_\_\_\_\_  
**Date**

**COMMENTS:**