

**Note: A copy of this memo is to be completed and attached to all HRP-3 forms for *staff exempt and faculty members* receiving additional pay who are paid on an academic year basis. (i.e., Directors, Adjunct Instructors, Research Associates, etc.--even if they are on "special appointments" and the PAF shows that they are working "0" percent full-time.)**

**MEMORANDUM**

TO: Director of Payrolls  
The University of Tennessee

FROM: Employee's Supervisor

RE: Additional Pay

DATE: \_\_\_\_\_

**Employees Who Receive Annual Leave Benefits**

This is to certify that \_\_\_\_\_ performed the following  
(employee's name)  
duties \_\_\_\_\_

for additional pay from \_\_\_\_\_ to \_\_\_\_\_. They  
(date) (date)

- were performed:
- (a)  entirely outside of the University's normal work week.
  - (b)  during the normal work week when the employee was on annual leave.

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**Employees Who Do Not Receive Annual Leave Benefits**

This is to certify that the additional pay requested for \_\_\_\_\_  
(employee's name)  
is for service to the university from \_\_\_\_\_ to \_\_\_\_\_.  
(date) (date)

- which was performed:
- (a)  as a function of the person's term position which does not accrue annual leave.
  - (b)  in addition to the person's normal duties as a term employee who does not accrue annual leave.

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**Supervisor's Signature**

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**Employee's Signature**

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**Employee's Home Office/Dept.**