

THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
 Extra Payment Form for Non-Exempt Employees Working
 on an **Occasional or Sporadic** Basis

The employee is paid: Monthly
 Biweekly

Name _____

Employee ID _____ Responsible Account _____

Job Class _____ Job Class Name _____

Occasional Position _____

Pay Period Ending Date _____ Hourly Rate This Job _____

Name of Account to be Charged	Account No.	Amount

Hours Worked

Day	Week Ending		Week Ending		Week Ending		Week Ending		Week Ending		Total Hours Worked
	Date	Event	Date	Event	Date	Event	Date	Event	Date	Event	
Mon.											
Tues.											
Wed.											
Thurs.											
Fri.											
Sat.											
Sun.											
Total											

1. Total Hours Worked: _____

3. Amount to be paid (1 x 2): \$ _____

2. Hourly Rate This Job: \$ _____

4. Flat Rate: \$ _____

 Department Head Approval

 Personnel

 Fiscal Officer

I worked these hours voluntarily on an occasional or sporadic basis for a department from which I am not normally paid. These duties are substantially different from those of my normal position. I understand that I will be paid at the rate of pay reflected above and these hours are not to be considered for overtime payment.	
_____ Employee Signature	_____ Date