

Additional Compensation Form for Professional Staff



The Additional Compensation Form is used to grant written approval for participation in and payment of additional compensation for professional staff. The Additional Compensation Policy and Guidelines appear on the reverse side of this form. Submit the completed form to the Compensation Department no less than fifteen (15) business days before the start of any services at Compensation@ClevelandMetroSchools.org.

New Request

Revision

Extension Request

Section A: Employee Profile

To be completed by the manager authorizing work

Manager Name: _____
Manager authorizing work

Please print:

Employee ID: _____ Employee Full Name: _____
As it appears on paychecks

Job Title: _____ Department: _____

Section B: Additional Compensation Details

To be completed by manager authorizing work

Choose only one (1):

The above employee will perform the additional duties outside of their normal work schedule.

The above employee will perform additional duties during their normal work schedule.

Duration of Work:

Beginning Date: _____ End Date: _____

Total hours to be worked: _____

Please attach written justification for the payment of additional compensation. The justification must include:

- A detailed explanation of why the payment of additional compensation is necessary and appropriate under the circumstances;
- Role or position of job duties being assumed;
- Detailed description of the duties being assumed allocated with hours;
- The methodology for selection of a candidate to perform the extra work necessitating additional compensation.

Section C: Funding/Method of Payment

To be completed by manager authorizing work

Worktags:

Fund: _____ Cost Center: _____ Function: _____ Program: _____ Grant: _____ Gift: _____

Method of Payment: One-time Payment Lump Sum (Paid after services have been rendered)

Bi-weekly allowance plan (Paid during duration of work stated above)

Section D: Authorization

I certify that the information provided above is accurate and complete. All services and participation shall be in addition to and exclusive of the regularly assigned duties and responsibilities normally performed.

Manager's Signature: _____ Date _____

Section E: Employee Compensation Details

To be completed by Compensation

FLSA Status: Exempt
 Non-Exempt

Employee Salary: _____ Band: _____

Hourly Rate: _____
Ex: Salary / Days in Contract / Hours Worked a Day

Hourly Rate: _____ - Assumed Employee Hourly Rate: _____ = Delta _____

Rate: _____ x Hours Worked _____ = Amount _____ / # of Pays _____

Comp Signature: _____ Date Entered: _____ Pay date: _____

Additional Compensation Policy for Professional Staff



Guidelines and Process

Additional compensation for non-bargaining employees of the District may be occasionally authorized for a specific, defined purpose that is distinctly separate from and unrelated to an employee's primary position and for a limited, but significant, duration (six or more weeks). Additional compensation may not be used as a substitute for reclassification of a position, and additional compensation is not intended for agreed-upon stretch assignments to further an employee's development.

Managers authorizing and supervising additional work must submit requests for additional compensation in writing using this form. All requests must include a written justification of the additional work, which must include:

- A detailed explanation of why the payment of additional compensation is necessary and appropriate under the circumstances;
- The role or position of job duties being assumed, if applicable;
- Detailed description of the duties being assumed allocated with hours;
- The methodology for selection of a candidate to perform the extra work necessitating additional compensation.

The additional compensation form must first be filled out in its entirety (Sections A, B, C and D) by the manager that is supervising the work and funding the employee (Section A). The completed form should be submitted to the Compensation Department for calculation and initial approval. Once the information has been calculated, the Compensation Department will upload the form into Workday with the authorized amount. Through Workday, a task for approval will go to the manager (initiator of the form), the Chief Talent Officer and the Chief Executive Officer. The Compensation Department may assist with including ad hoc approvers upon request. Once all approvals have been completed, payment and work may begin.

No work should begin prior to the approval of the request for additional compensation.

Calculation Methodology and Payment

When the additional work occurs outside of the normal workday, the exempt employee will be paid at the hourly rate of the duties being assumed. Non-exempt employees will be paid at their overtime rate for work outside of the forty (40) hour work week and no additional stipend will be issued. If the employee performs the additional work during the normal workday, the Compensation Department will calculate the employee's additional compensation rate at the difference between the employee's hourly rate and the hourly rate of the duties being assumed. The Compensation Department will be responsible for calculating the rate of the duties being assumed, based on comparable responsibilities within CMSD.

Employees assuming additional work may be paid on the District's regular pay schedule on a bi-weekly allowance plan or as a one-time lump-sum stipend. For a bi-weekly allowance plan, the allowance plan will continue until the end date submitted on this form. For a one-time payment, a stipend will be issued once the work is complete, specified and calculated by the end date. When deciding between a one-time payment and a bi-weekly allowance plan, the manager should consider the time period of the service being performed and how many payments the employee will receive. The payment totals must be equally divisible by the number of pay dates from effective date to proposed end date.

Any late submission will not be able to process until the following pay period. The effective date will be processed using the first day in a pay period for purposes of discrepancy reporting, unless a more specific date is required based on the work performed. If the request provides retroactive effective dates, the payment amount(s) will be applied to the next on-cycle paycheck.

Revisions

For recurring payment changes after Compensation has processed the request, see the scenarios below for the best method of correction:

Change in payment type: contact your compensation analyst/specialist to reopen the request for a manual correction beginning with the next payroll processing period.

Change in the effective dates to end the payment early: contact your compensation analyst/specialist to reopen the request for a manual correction beginning with the next payroll processing period.

Change in effective dates to extend the payment: a new request must be submitted and go through the entire workflow.

Change in payment amount: a new request must be submitted, and contact your compensation specialist/analyst to cancel the current payment

Overpayment or underpayment: contact your compensation analyst/specialist to determine options and to communicate with the employee and Payroll for correction.

Employee transfer/separation: If the employee is transferring to another position or separating from the district, Compensation will cancel the payments once the separation has been processed. Please submit terminations or transfers as soon as possible to avoid overpayment.