

PASADENA AREA COMMUNITY COLLEGE DISTRICT
Human Resources

COMPENSATION REQUEST FORM FOR FACULTY

Name _____ Date _____

Social Security Number _____
(REQUIRED)

Amount of compensation \$ _____
(Proof of available budget or transfer documentation must be attached.)

Effective dates of compensation: From _____ To _____

Please provide a **brief description (do not use abbreviations)** of the work to be performed by the instructor:

Labor Distribution: (To which account do we charge this assignment? Please make sure to list all 14 digits.)

_____ EMP: _____ **(REQUIRED)**
Cost Center Number

_____ EMP: _____ **(REQUIRED)**
Cost Center Name

Approvals:

_____ Date _____
Cost Center Manager/Authorized Signature

_____ Date _____
Appropriate Area Vice President

HUMAN RESOURCES USE ONLY

Board Report Number _____ PC# _____

Board Report Date _____ Retirement Code and Date _____

Notes: Job # _____
