



PASADENA CITY COLLEGE
Human Resources

COMPENSATION REQUEST FORM FOR FACULTY

Name \_\_\_\_\_ Date \_\_\_\_\_

Banner ID \_\_\_\_\_ (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:

Four horizontal lines for providing a brief description of the work to be performed.

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 # \_\_\_\_\_

Horizontal line for additional notes.