



*This form is for additional teaching compensation for courses for credit*

I. Employee Information	
<b>Tenured/Tenure Earning Faculty:</b> <input type="radio"/> <b>Non-Tenure Faculty:</b> <input type="radio"/> <b>Professional Staff:</b> <input type="radio"/>	
Name:	
PSU ID #:	
Title/Rank:	
Home Dept:	
Division:	Choose an item.

*If this appointment is for an academic assignment for a current employee not appointed to a teaching position, a faculty credentials form must be attached or on file with Institutional Equity.*

*All requested ATC are required to be listed on the [Course Vacancy Notification](#) List unless otherwise approved by the Provost.*

Course Name	Course ID	Credit Hours	Enrollment	Max Seats

Start Date:		End Date:	
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**SKIP IF DEPARTMENT SUBMITTED THE COURSE FACULTY LOAD IN ADVANCE TO PROVOST**

[illegible]

IV. Previously Approved/In Process ATC and/or EDC's (For Current FY/AY)				
		Course Name/Extra Duty	Term/Dates	Compensation Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$

V. Pay Amount & Funding					
Is the ATC to be paid in one lump sum or split over multiple pay dates?					
<input type="radio"/>	One Lump Sum	<input type="radio"/>	Multiple pay dates (list dates below)		
Fund	Cost Center	Cost Center Name	*Pay Date (Start and End Date)	# of pay Dates	Amount of Bi-Weekly Gross**
Total of Additional Compensation:					
<i>*Final pay dates will be determined based on date the final document is received by HRS. Number of pay dates could change to fit within the start and end date listed.</i> <i>**In addition to Gross, Fringe Benefits will be charged to the unit. Contact Budget/HRS if you need assistance in determining the Gross amount to be paid.</i>					

VI. Approvals			
Employee's Signature:		Date:	
Supervisor of Employee: (Unit in which employee resides):		Date:	
Approvals below based on unit responsible for funding:			
Chair/School Director:		Date:	
College- Finance and Budget Manager*:		Date:	
Dean:		Date:	
Provost:		Date:	
Other Administrative Approvals:			
Office of Research & Sponsored Programs (only if Grant Funds are being used)		Date:	
Budget (required):		Date:	
VP Business, Facilities & Finance (required):		Date:	

\*College Finance & Budget representative signature varies by college (confirm with Dean who should sign)

Contact Information for Person Completing ATC Request			
Name:		Phone Ext:	