

**ACADEMIC YEAR AND FISCAL YEAR FACULTY CONTRACT ADDENDUM  
FOR INCIDENTAL WORKLOAD AND COMPENSATION ADJUSTMENT\***

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Dates of Additional Responsibilities: \_\_\_\_\_ to \_\_\_\_\_

Amount: \_\_\_\_\_

Funding Source (Seven-Digit Grant Speedtype ID): \_\_\_\_\_

Date(s) to be Paid: \_\_\_\_\_

Description of Additional Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

| Sign | Print Name                    | Date |
|------|-------------------------------|------|
|      | <i>Grant Project Director</i> |      |

Approved by: \_\_\_\_\_

| Sign | Print Name                      | Date |
|------|---------------------------------|------|
|      | <i>Director/Department Head</i> |      |

Approved by: \_\_\_\_\_

| Sign | Print Name                | Date |
|------|---------------------------|------|
|      | <i>Dean/Division Head</i> |      |

Approved by: \_\_\_\_\_

| Sign | Print Name   | Date |
|------|--|------|
|      | <i>Director Post Award Accounting (overseeing funding source listed above)</i> |      |

Approved by: \_\_\_\_\_

| Sign | Print Name  | Date |
|------|---|------|
|      | <i>Vice President for Research (if Grant/Sponsored Funds)</i> |      |

Approved by: \_\_\_\_\_

| Sign | Print Name   | Date |
|------|--|------|
|      | <i>Provost and Vice President for Academic Affairs</i> |      |

Approved by: \_\_\_\_\_

| Sign | Print Name       | Date |
|------|------------------|------|
|      | <i>President</i> |      |

**AMENDMENT ACCEPTANCE**

**I accept the contract amendment under the terms set forth.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*FOR SPONSORED PROJECTS ONLY (Grants and Contracts)**