

FACULTY DESCRIPTION FORM OF COVID-RELATED EXTRA WORK AND APPROVAL FOR PAYMENT

SUMMER 2020

Faculty Member (Full Name)

Faculty Member's ID Number:

Please provide a short description of the work you will be performing and when you expect to perform the work (e.g., conduct three extra meetings in July, each for two hours):

Anticipated Total Hours to complete the task(s):

Printed Name of Employee:

Signature of Employee:

Printed Name of Dean:

Signature of Dean:

Date: