

Note: Please download and save this form locally before completing.



**FACULTY COMPENSATION APPROVAL FORM**  
*Required for all transactions involving compensation*

**Instructions:** For all transactions involving compensation, complete and email this form to the Office of Faculty Administrative Services (OFAS) at [faculty.admin@yale.edu](mailto:faculty.admin@yale.edu). This form is used for obtaining the necessary approvals of the compensation from the Provost's Office and/or FAS Dean's Office, as appropriate. This is also used for communicating additional compensation plans to the supervisory organization of a faculty member. For more information, please refer to <http://facultyadmin.yale.edu/admin-processes>.

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. FACULTY INFORMATION (should match Workday)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Position/Rank: \_\_\_\_\_ Employee # or NetID (if one exists): \_\_\_\_\_  
 Supervisory Organization Name (Primary Dept.): \_\_\_\_\_

Is this faculty member in your supervisory organization? Yes No\*

If not, this form will need to be authorized by the Business Administrator for your department, then, sent to the faculty member's supervisory organization for entry into Workday. Please provide them with the supporting documentation and enough information in the "Additional information" box below in order to enter the appropriate reason for this compensation into Workday. In addition, be sure to complete item 3 below, Costing Allocation.

Secondary Business Administrator: \_\_\_\_\_ Name: \_\_\_\_\_  
 Signature Date

**2. COMPENSATION INFORMATION (for this transaction only)**

Reason: \_\_\_\_\_ FTE % time (=scheduled hrs/40): \_\_\_\_\_

Effective start date for this compensation: \_\_\_\_\_ End (stop) date: \_\_\_\_\_

Compensation amount (total of this transaction only): \$ \_\_\_\_\_ *Note: This should match the amount on the supporting documentation.*

Additional information:

**3. COSTING ALLOCATION\***

\*Costing Allocation information is only required if faculty member is not in your supervisory organization. This information will be entered by the Cost Center Payroll Costing Specialist for the faculty member's supervisory organization.

Funding (GR, GE, GS, or YD)	Cost Center	Program	Project	Assignee	Start Date mm/dd/yyyy	End Date mm/dd/yyyy	Alloc(%)
<i>must total 100%</i>							

**Final Authorization(s):**

<u>FAS Dean's Office</u>	<u>Provost's Office</u>
Name _____ Date _____	Name _____ Date _____

Office of Faculty Administrative Services use only

Notes: \_\_\_\_\_

Reviewed by: _____	Approved in WD by: _____
Name _____ Date _____	Name _____ Date _____