2.3.3 LSUHSC-S Additional Compensation Policy

A. POLICY

In rare situations, unclassified employees are allowed to perform additional duties and receive additional compensation. For such cases, written approval must be obtained in advance from the Department Head, Dean, and Vice Chancellor or Hospital Administrator and Vice Chancellor as appropriate.

The duties to be performed must not interfere with the employee’s normal duties and responsibilities, and should be for a one time only occurrence. If the duties are to be continuous or repeated, they must be added to the employee’s official job description.

This Policy is not applicable to unclassified hospital personnel who are periodically utilized to provide coverage for direct patient care when classified personnel are not available. However, this should be documented.

B. PROCEDURE

An employee must seek prior approval by completing and submitting a “Certification of Additional Duties” form.

Any questions regarding this procedure should be directed to the Human Resource Management Department.
CERTIFICATION OF ADDITIONAL DUTIES

Name: ________________________________ (Type of Print)

Position: ________________________________ Department: ________________________________

Additional Duties to be Performed:

Date(s) Duties to be Performed:

From: ______________________, 19______ To: ______________________, 19______

Amount of Compensation: $________________

This is to certify that the duties to be performed are in addition to my normal duties and responsibilities and will not interfere with the performance of those duties. I understand that this is for one time only, and if these duties are to be continuous or repeated, my official job description must be updated to include these duties.

___________________________________________
Employee’s Signature / Date

APPROVED:

___________________________________________
Department Head or Hospital Administrator Date

___________________________________________
Dean Date

___________________________________________
Vice Chancellor Date

(A copy of this previously completed form must be attached to the PER-3 submitted for payment.)