



Faculty Special Compensation Exception Request Form

Completed forms should be sent to financialplanning@miami.edu for review.
Approved forms will be returned to the requestor for entry in Workday.
For additional information, refer to the [policy](#) and the [FAQs](#).

Faculty Name Job Profile/Title
School/College Department
Annual Base Salary \$ Total % of Base Salary

Additional Pay Details (provide the description and details of the assignment(s))

Budget Unit/Funding Source Anaplan Detail (i.e. driver, etc.)

Annual Teaching Responsibility

Course Release Yes No
If yes, include details

Additional comments (optional)

Requestor Name Requestor Email
Chair Name Signature Date
Dean Name Signature Date

Once above has been completed, please send to financialplanning@miami.edu.

FP&A Approval

Name Signature Date

Provost/Designee Approval

Name Signature Date

Board of Trustees Notification Yes No If **yes**, select notification date