



Faculty Special Compensation Exception Request Form

For Coral Gables/RSMAS faculty use only

Completed forms should be sent to financialplanning@miami.edu for review. Approved forms will be returned to the requestor for entry in Workday.

Faculty Name: _____

Department/School: _____ Job Profile/Business Title: _____

Annual Base Salary: \$ _____

Additional Pay Details: (include % of base salary and description of assignment)

Budget Unit/Funding Source:

Tidemark Detail (i.e. driver, etc.):

Annual Teaching Responsibility:

Course Release:

- YES - NO

If YES, include detail:

Additional Comments (optional):

Requestor Name: _____ Requestor Email: _____

Dean Approval

Print Name Signature (Click on box above and sign with your digital ID) Date

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

FP&A Approval

Print Name Signature (Click on box above and sign with your digital ID) Date

Provost/Designee Approval

Print Name Signature (Click on box above and sign with your digital ID) Date