

Bemidji State University- Request for Faculty Extra Duty Days

This form must be completed and approved before the first duty day requested.

Date:

Requester:

Faculty member's name:

Faculty member's department:

Purpose of extra duty days:

Total number of days requested:

Account number for payment of days:

Dates of work:

How would you like to be paid? Lump Sum OR Bi-weekly disbursement across semester

If a person *other than the Dean* is responsible for the Account, that person's approval:

_____ Date: _____

Requester sends completed form to College Dean's Assistant

Approval of Dean: _____ Date: _____

College (Dean's Assistant) sends form to Academic Affairs, #3

Academic Affairs Approval: _____ Date: _____

***Academic Affairs returns the fully signed form to Dean's Assistant,
which authorizes entering the duty day into FWM.***

Please attach the fully signed copy of this form to the FWM entries.

Comments:

FWM CODE: _____ **DATE ENTERED in FWM:** _____ **BY:** _____