



ODU RESEARCH FOUNDATION
SUPPLEMENTAL COMPENSATION
AUTHORIZATION FORM

Name: _____

Project Number: _____ Sponsor Name: _____

Justification for Payment:

*(Note: Faculty overload justification must address the following elements as defined in OMB Circular A-21)**

1. Describe in detail how the work is across departmental lines, or involves a separate or remote operation.

2. Describe in detail how the work is in addition to your regular departmental load.

PI/Supervisor Signature: _____ Date: _____

Required Approval:

Department Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Academic Affairs Signature: _____ Date: _____

GCA Verification:

108 form completed and attached Yes No

Activity crosses departmental lines Yes No

Activity is in addition to regular work assignment Yes No

Sponsor approval has been obtained Yes No

GCA Signature: _____ Date: _____

RF Executive Director Signature: _____ Date: _____

***Note for Faculty Supplemental Payments:**

OBM Circular A-21 establishes principles for determining costs applicable to grants, contracts, and other agreements with educational institutions. Overload payments must be specifically provided for in the agreement or approved in writing by the sponsoring agent.