Additional Compensation (ADL) worksheet
Exempt Administrative/Professional (Unclassified)

Employee Information

Incumbent
  (Last Name, First Name) _____
Position Title _____

ADL Begin Date _____ ADL End Date _____

Person ID **(M#)** _____ Pers Assgn# _____

Monthly Salary _____
ADL Lump Sum _____
ADL Monthly Sum _____
Reason for ADL:

Individual Completing Form

Name _____ Phone _____
Position Title _____ Date _____
Org Unit _____

Please copy and paste information within red box only into the comments section of a PCR and

Last Updated: 6/7/2010