

Request of Approval of Additional University Employment

Employee Name		Employee ID	Initiator Name	Phone	Date	
Primary Employment Activities			Dates of Employment:			
Department/Unit	Dept ID	Salary Plan	Job Title	Rate of Pay	FTE	Regular Working Hours <small>(Days and Times)</small>
Secondary Employment Activities			Dates of Employment:			
Department/Unit	Dept ID	Salary Plan	Job Title	Rate of Pay	FTE	Regular Working Hours <small>(Days and Times)</small>
<small>Note: One-time payments for superior performance are not permissible on many restricted funding sources such as fund codes 201 or 209. Supervisors should consult with their assigned Grant Accounting team member to determine whether or not a one-time payment is permissible by the funding source before communicating or approving a request for a one-time payment for superior performance.</small>				Grants Accounting Approval: (Required only for 201/209 Funds)		
DUTIES TO BE PERFORMED IN THE SECONDARY EMPLOYMENT ACTIVITY						
Approvals: <i>The employee has my approval to perform the additional duties described above, which will not be completed during the employee's working hours. This employment relationship does not involve conflicts of interest with the employee's regularly assigned duties. It will not include using the primary employer's space, personnel, equipment, or supplies. An overtime rate will be paid if any employee is non-exempt in their primary position for combined hours worked more than 40 hours during a work week. Duties associated with the employee's prior position and included in the employee's position description are not eligible for additional compensation under this policy.</i>						
	Supervisor/Department Chair Signature		Date	Dept Head/Dean/ Director Signature <small>(DEAN REQUIRED FOR FACULTY APPOINTMENTS)</small>		Date
P						
	Supervisor/Department Chair Signature		Date	Dept Head/Dean/ Director Signature <small>(DEAN REQUIRED FOR FACULTY APPOINTMENTS)</small>		Date
S						
TO BE COMPLETED BY THE EMPLOYEE						
<small>I voluntarily agree to the hours and rate of pay indicated above. I certify that the duties described above are outside of the responsibilities associated with my primary position and that the hours noted above are outside of my regular work schedule. I understand that the university reserves the right to terminate this employment activity.</small>						
Employee Signature:					Date:	

Note: Effective [date], this form is only required for additional university employment outside the employee's primary college or administrative unit.