

HR600 - Request for Approval of Additional University Compensation Teaching and Technology

Contact Information	Name:		Phone:		Email:	
Employee Information	Name:				UFID:	
Request (check one)	<input type="checkbox"/>	Employment of UF Employee at greater than 1.00 FTE		<input type="checkbox"/>	Employment of UF employee simultaneously from OPS and Salaries	
	Primary Employer Information			Secondary Employer Information		
Department/Unit Name						
Department ID						
Flex Field and FMS#	DO NOT WRITE IN THIS SPACE					FMS #
Combo Code	DO NOT WRITE IN THIS SPACE					
Class/Job Title						
Position Number						
Employee Record Number						
Rate of Pay (Hourly or Biweekly)						
Work Schedule						
Full Time Equivalency (FTE)		Salary Plan			Salary Plan	
Period of Employment						
Appropriation Paid From	<input type="checkbox"/>	Salaries	<input type="checkbox"/>	OPS	<input type="checkbox"/>	Salaries
					<input type="checkbox"/>	OPS
DUTIES TO BE PERFORMED IN SECONDARY EMPLOYMENT AND EXPLANATION/JUSTIFICATION (The secondary employer is responsible for insuring that the form is completed and approved.)						
TO BE COMPLETED BY EMPLOYEE: <i>I voluntarily agree to the hours and rate of pay indicated above. I certify that the duties described above are outside of the duties associated with my primary position and that the hours indicated above are outside of my normal work schedule. I understand that university reserves the right to terminate this employment activity at will.</i>						
Employee Signature:				Date:		
Approvals: <i>The employee has my approval to perform the additional duties described above which will not be performed during the employee's working hours. This employment relationship does not involve a conflict of interest with the employee's regularly assigned duties and will not involve the use of 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 in excess of 40 hours during a work week. Duties that are associated with the employee's primary position and included in the employee's position description are not eligible for additional compensation under this policy.</i>						
Primary Employer Supervisor (Typed):				Primary Employer Signature:		
Primary Employer Dean/Director/Department Chair (Typed): <small>*Dean's signature is required for all faculty</small>				Primary Employer Dean/Director/Department Chair Signature:		
Secondary Employer Name (Typed):				Secondary Employer Signature:		
Teaching and Technology Fund Approval				Signature:		
AUTHORIZATION OF HUMAN RESOURCE SERVICES (Required for USPS and TEAMS)						
Approved		Approved as Modified		Disapproved		FLSA Overtime Required
Human Resource Services Signature:				Remarks:		