

ADDITIONAL ASSIGNMENT REQUEST FORM FOR NON-EXEMPT AND PROFESSIONAL NON-EXEMPT STAFF EMPLOYEES

All additional assignments must be approved in ADVANCE of the work being performed!

This form IS NOT to be used for exempt staff requesting approval for supplemental or used for occasional pay.

The purpose of this form is to request approval for your non-exempt staff employee to work an additional assignment in my department, with the understanding that the additional assignment could place your employee into an overtime status. University policy requires that prior approval be obtained **BEFORE** undertaking **ANY** compensated activities. Employees are to be compensated for **ALL** hours worked.

Information on the Individual to work the Additional Assignment

| | | |
|---|---|---|
| Employee Name | Employee CWID | Date of Request |
| Individual's Primary Position | | |
| Employee's Primary Job Title | Reg Hourly Rate \$ | |
| Department | Supervisor | |
| <input type="checkbox"/> F/T Non-Exempt/PNE | <input type="checkbox"/> P/T Non-Exempt/PNE | Primary Department Schedule <input type="checkbox"/> 38.75 hrs <input type="checkbox"/> 40.00 hrs |

Additional Assignment Details

Additional assignment may only cover one Academic Year. If the assignment will continue a new request must be submitted and approved.

| | | | |
|--|---|---|--|
| Title | | Estimated hours to work each week | |
| Date(s) | Begin Date | End Date | Reg Hourly Rate \$ |
| Purpose of Additional Assignment | Please provide details of the activity requiring additional assignment pay. For instruction, please list the course #, credit hours and the time taught (ex. MWF 8-9). For other additional assignment activity, please identify the nature of the work. | | |
| Will work for the additional assignment occur during the employee's regular schedule for the primary assignment? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, how will the time worked be accounted for? |
| <input type="checkbox"/> Will use annual leave or comp time to make up for missed time | | <input type="checkbox"/> Will make up hours outside of regular schedule | |
| <input type="checkbox"/> Other: | | | |

Overtime Cost Responsibility and Agreement

Please indicate what organization/department is responsible for overtime cost incurred as a result of this additional assignment. (Ex. The additional assignment organization is responsible for overtime cost incurred as a result of the assignment.) **Overtime incurred as a result of the additional assignment must be paid – it cannot be counted as comp time earned.**

| | |
|---|----------------|
| | |
| Contact Name to Discuss the Transfer of Funds | Campus Phone # |
| | Email Address |

Signature of Individual Approving the Funding of Overtime Cost

Date

Return completed and approved form to the individual below (please print)

| | | | |
|------|-------|----------------|---------------|
| Name | Box # | Campus Phone # | Email Address |
|------|-------|----------------|---------------|

Signature of Individual Requesting Approval for the Additional Assignment

Date

Approvals

The University has the responsibility to ensure that each employee meets assigned duties acceptably before an additional assignment is authorized and that compensation is not provided more than once for the same effort or for the same time period. By signing this form, you are supporting this request and agreeing to the terms outlined for overtime cost responsibility. Please sign and forward as indicated below.

Supervisor's Signature for Primary Assignment (approving the activity for which the activity is being requested) Date

Supervisor's Dean/Director/Division VP Date

OAA Signature (for OAA, Research, Advancement, Student Affairs, President's Office) OR Date

HR Signature (Athletics, Community Affairs, Financial Affairs) *All teaching request must be signed by OAA

This approved form should be attached to the PA form unless it is already attached to the Hiring Proposal in the faculty hiring system