



EMPLOYEE ACKNOWLEDGEMENT
OF MAXIMUM HOURS TO BE WORKED PER WEEK

(NOTE: One employee acknowledgement should accompany every Temporary (formerly known as OPS) Non-Exempt Personnel Action Form or Student Appointment Form)

Employee Name _____ Z# _____

Daytime or Cell Phone Number _____ FAU Email _____

Supervisor Name _____ Phone # _____

Supervisor Email _____

Department Name _____

I understand that by signing this acknowledgement, I am agreeing to inform my supervisor via signed timesheet (with actual hours worked) of any changes to my FTE (Full Time Employee %) in any given work week. The FTE is the number of hours worked / 40.

I understand that I should not work more than the number of hours per week indicated on the personnel action form or student appointment form, if it will cause me to go into overtime, unless I have prior written approval from my supervisor.

I will always accurately report all hours worked on my timesheet.

My appointment FTE for this assignment is: _____, which equals _____ hours per week.

Please check one:

I am currently working in more than one department:

I am currently working in another department on-campus: Dept. name _____

My appointment FTE in the above department is _____ which equals _____ hours per week.

I am working in ONLY one department:

I am not currently working in another department on-campus, but if I decide to work in more than one department, I understand I need to notify all supervisors immediately.

Employee Signature _____

Date _____