



Florida Atlantic University
Request for Approval of Additional Compensation
 AMP & SP (Excluding Line and Adjunct Faculty)

Check appropriate reason for request:

Excess of 1.0 in established position	EPAF Assignment
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Name of Employee: _____ Z #: _____

Secondary Employment			
Department/Division: Department #:			
Class Title:	Position #:	FTE:	
Total Salary for Period Worked:	Bi-weekly/Hourly:		
Period of Employment: _____ to _____	No. of Bi-weeklies: _____		
Scheduled Work Days: _____	Scheduled Work Hours: _____	to _____	
Duties to be performed in secondary employment and explanation/justification.			
_____ Secondary Assignment Department Chair/Supervisor		_____ Secondary Assignment Dean/Director	
_____	Date	_____	Date

Primary Employment			
Department/Division: Department #:			
Class Title:	Position #:	FTE:	
Total Salary for Period Worked:	Bi-weekly/Hourly:		
Period of Employment: _____ to _____	No. of Bi-weeklies: _____		
Scheduled Work Days: _____	Scheduled Work Hours: _____	to _____	
This employee has my approval to perform the additional duties indicated above for the secondary employer. These additional duties will not be performed during the employee's regular working hours with the primary employer, will not involve a conflict of interest with the employee's regularly assigned duties with the primary employer, and will not involve the use of any university space, personnel, equipment or supplies furnished by the primary employer, unless arrangements are made to adequately compensate the primary employer for the use of the same.			
_____ Primary Assignment Department Chair/Supervisor		_____ Primary Assignment Dean/Director	
_____	Date	_____	Date

Employee Certification	
The hours and rate of pay as indicated for the secondary employment are agreeable. This is to certify that the hours indicated in "Scheduled Work Hours" in "Secondary Employment" are accurate, are outside of my normal working hours in my primary employment, and do not interfere with my primary employment.	
_____	_____
Employee Signature	Date

Final Approval (Secondary Employer)			
Approved	Approved as Modified	Disapproved	
_____ Division of Sponsored Research (if Applicable)		_____ Primary Assignment Dean/Director	
_____	Date	_____	Date