

1. Employee Name:

2. Empl ID:

3. PRIMARY EMPLOYER

Campus:

College/Division:

Department/Unit:

GEMS Combo Code:

Days & Hours of Work Schedule (Non-faculty):

4. SECONDARY EMPLOYER

Campus:

College/Division:

Department/Unit:

GEMS Combo Code:

Pay Source (contract, grant, other):

Days & Hours of Work Schedule (Non-faculty):

5. Check the appropriate criterion:

- Compensation of a USF employee simultaneously from salary appropriation and non-salary appropriations [Appointment to one positioned (Faculty/Staff/Administration) position and a Temporary(formerly OPS) position at the same time].
- Compensation of a USF employee for employment in excess of the established FTE of the position. [Appointment to more than one positioned (Faculty/Staff/Administration) appointment simultaneously when total hours exceed 40].

6. Reason for additional state compensation: Contract or Grant, and Other services require primary employer to outline duties and responsibilities of primary position and secondary employer to outline duties and responsibilities of secondary position. Information provided for compensation will be assessed by HR to determine reasonableness and appropriateness of payment.

Credit Course Course Title: CRS Prefix:

Number of course credit hours: Contact Hours: Location(on/off campus): Sec. #:

Non - credit Course Course Title: Location(on/off campus):

Weekly Contact Hours:

Contract or Grant (Must complete Appendix A)

Project Begin Date:

Project Title:

Project End Date:

Project ID:

Fund ID:

Location(on/off campus):

Other Services (Must complete Duties & Responsibilities)

Note: Use separate sheet of paper to list detailed Duties and Responsibilities for Primary and/or Secondary Position. A position description may be attached for primary position duties and responsibilities.

7. Secondary Appointment Begin Date: End Date: Total Payment:

Faculty appointments must comply with the Academic Affairs Policy Statement on Faculty Extra Compensation, including but not limited to: The amount of extra compensation will be negotiated between the employee and secondary employer with the approval of the primary employer. For faculty teaching credit classes, the rate of pay will be a maximum of 3% of the full-time rate of pay for a nine month faculty member and 2.455% of the full-time rate of pay for twelve month faculty for each credit hour taught for extra compensation. For faculty engaging in university non-credit instruction activities the amount of compensation should reflect a reasonable market price. Maximum allowable FTE 1.25, unless supporting paperwork, such as notification and pre-approval from the Dean's office is attached.

8. Will the employee be engaged in outside activities during the period of performance for the secondary employment?

Yes. If yes, explain (include weekly time commitment). Attach copy of Outside Activity Form

No

9. If the source of pay is a contract or grant, forward this request to the Division of Sponsored Research for completion of this section. The Division of Sponsored Research should return the completed request to the Secondary Employer.

Extra compensation is allowed by the sponsoring agency and meets OMB Circular A-21, if applicable.

DSR Administrator Print Name / Title: _____ Date: _____

DSR Administrator Signature: _____

Concurrence with above certifications:

Vice President for Research or Designee Print Name / Title: _____ Date: _____

Vice President for Research or Designee Signature: _____

Research Financial Management: Verification of sufficient funds:

Grants Financial Administrator Print Name/Title: _____ Date: _____

Grants Financial Administrator Signature: _____

10. SECONDARY Employer: I certify that all sponsors' terms and conditions have been complied with. The named employee has been given the assignment outlined above and that the terms of this contract are complete and accurate. (If the duties of this secondary employment are not exempt from the Fair Labor Standards Act, I accept liability for payment of overtime when the hours of this work, in addition to his/her primary employment, causes the employee to exceed 40 hours in a work week.)

Secondary Employer Print Name / Title: _____ Date: _____

Secondary Employer Signature: _____

11. PRIMARY Employer: The named employee has my approval to perform these additional duties and they meet university conditions for extra compensation. I certify that the time commitment involved does not constitute a conflict of commitment with respect to the performance of the employee's primary assigned university duties.

Primary Employer Print Name / Title (if faculty, must be Chair or Unit Head) : _____

Primary Employer Signature
(if faculty, must be Chair or Unit Head): _____ Date: _____

Dean's Printed Name / Title (Required for faculty only): _____

Dean's Signature
(Required for faculty only): _____ Date: _____

12. EMPLOYEE: I accept the assignment and terms as outlined above. I certify that the time commitment involved does not constitute a conflict of commitment with respect to the performance of my assigned university duties. I understand that this is a temporary assignment by the university. (After signing, return to the Secondary Employer.)

Employee Print Name: _____ Date: _____

Employee Signature: _____