



UNIVERSITY OF NORTH FLORIDA
REQUEST FOR APPROVAL OF EXTRA STATE COMPENSATION

1. NAME OF EMPLOYEE: (Last Name, First Name, Middle Initial)		2. SOCIAL SECURITY NUMBER:	
3. PRIMARY EMPLOYING UNIVERSITY AND DEPARTMENT/DIVISION		4. SECONDARY EMPLOYING UNIVERSITY AND DEPARTMENT/DIVISION	
5. REQUEST: (Refer to Rule 6C-5.825, FAC, and check one box below)			
a. Compensation of a UNF employee for employment in excess of one full-time equivalent established position b. Compensation of a UNF employee simultaneously from any appropriation other than appropriations for salaries c. Compensation of a SUS employee simultaneously employed by more than one state university			
PRIMARY EMPLOYMENT		SECONDARY EMPLOYMENT	
a.		6. Class Title	
a.		7. Position Number	
a. Hourly or Annual		8. Rate of Pay	
a. Daily A.M. P.M.		b. Hourly or Annual	
b. Weekly (Please Circle) M T W Th F Sa Su		c. Total Payment	
a. Daily A.M. P.M.		9. Work Schedule	
b. Weekly (Please Circle) M T W Th F Sa Su		c. Daily A.M. P.M.	
a.		10. Period of Employment	
a. E&G C&G Aux. Agency		b. Account No.	
11. Appropriation Paid From		12. Full-time Equivalency and County	
a. (Full-time Equivalency)		b. (County)	
13. DUTIES TO BE PERFORMED IN SECONDARY EMPLOYMENT and EXPLANATION / JUSTIFICATION: (Attach additional sheets if necessary)			
14. _____ SECONDARY EMPLOYER <i>Authorized Signature</i>		_____ Date	
15. The hours and rate of pay as indicated for the secondary employment are agreeable. This is to certify that the hours indicated in item 9 are accurate, are outside of my normal working hours in my primary employment, and do not interfere with my primary employment.			
_____ EMPLOYEE <i>Signature</i>		_____ Date	
16. THE PRIMARY EMPLOYER MUST COMPLETE THIS SECTION (if for any reason this statement is not applicable, a separate statement of explanation from the primary employer must be attached). 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 state space, personnel, equipment or supplies furnished by the primary employer, unless arrangements are made to adequately compensate the primary employer for the use of same.			
_____ PRIMARY EMPLOYER <i>Authorized Signature</i>		_____ Date	
FOR HUMAN RESOURCES USE ONLY			
17. ACTION TAKEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS MODIFIED <input type="checkbox"/> DISAPPROVED			
18. _____ SECONDARY EMPLOYER <i>Authorized Signature for final action taken</i>		_____ Date	