

Request For Other University Employment Activity

Primary Employee Information: Social Security Number: _____ Name: _____ (First, Middle, Last) Position Title: _____ Home Org. Name: _____ Position #: _____ Regular Rate of Pay: _____	Requesting Department Information: Department Name: _____ Time Sheet Org. #: _____ Prepared by _____ Phone _____
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Payroll Type/Employment Type (Check all that apply): <input type="checkbox"/> Regular/time-limited <input type="checkbox"/> 9-month payroll <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> 12-month payroll <input type="checkbox"/> Temporary <input type="checkbox"/> Biweekly payroll <input type="checkbox"/> Student	Payment Types (Complete accounting distribution information below only): <input type="checkbox"/> CBP (Call Back Pay) <input type="checkbox"/> OCP (On Call Pay) <input type="checkbox"/> HOT (Holiday Overtime) <input type="checkbox"/> HOW (Holiday Hours Worked) <input type="checkbox"/> CTP (Comp Time Paid) <input type="checkbox"/> OVT (Overtime) Rate _____ X Hours _____ = _____ Period of work: _____
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The following payment type requires approval prior to the employee engaging in any other employment activity.

MSC (Miscellaneous Pay) Work to be performed is within unit outside unit (Must have approval of home department)

Period of work requested: _____ to _____

Amount of Payment: _____

Services Performed/Justification:

Employee Signature: _____ Date: _____

I understand that this application must receive all required university approvals prior to my engaging in any other employment activity. I certify that this employment will not result in a conflict of interest with or commitment to my primary employment. A separate application must be completed before each employment activity.

Accounting Distribution Information

Date of Payment	Account Name	Fund Org Account Program Activity	Amount of Payment	%

Approval Signatures	
Signature/Date:	Signature/Date:
Signature/Date:	Signature/Date:
Signature/Date:	Signature/Date: