

**UNIVERSITY OF CENTRAL ARKANSAS
CONCURRENT EMPLOYMENT INFORMATION**

NOTE: This form must be completed and attached to each Personnel Action Form requesting appointment or change.

Name _____ Social Security No. _____

CAUTION: Under Arkansas Code 6-63-307 (b) Any employee knowingly violating the provisions of this section shall be subject to immediate termination and shall be barred from employment by any agency or institution of the State of Arkansas for a period of not less than three (3) years or until such employee shall repay to the State of Arkansas any sums received by such employee in violation of this section, together with interest at a rate of ten percent (10%) per annum.

Will you be employed **during the period of this PAF** in any other roles or assignments with UCA or with other State Agencies or Institutions? (Including additional teaching assignments, part-time work and temporary project assignments.)

____ NO If no, please provide signature and date below.
 ____ YES If yes, please provide specific information below. Attach additional sheet if necessary.

| <u>Work location,</u> <u>Dept/Employer</u> | <u>Employment</u> <u>Period</u> | <u>Work Schedule</u> <u>Days/ Hours</u> | <u>Assignment</u> <u>Salary</u> |
|---|------------------------------------|--|------------------------------------|
|---|------------------------------------|--|------------------------------------|

| | | | |
|-------------------|--------------------------|------------------------------|-----------------|
| Example: | | | |
| <u>UCA Music</u> | <u>1/13/05 – 5/06/05</u> | <u>T,Th 8 a.m.-1:00 p.m.</u> | |
| <u>UCA Music</u> | <u>1/13/05 – 5/06/05</u> | <u>MWF 9-11 a.m.</u> | <u>\$25,000</u> |
| <u>UALR Music</u> | <u>1/13/05 – 5/06/05</u> | <u>MWF 2-4 p.m.</u> | <u>\$ 5,200</u> |

Please list your UCA teaching schedule as well as your concurrent employment schedule.

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I understand that concurrent employment must be approved by the State Office of Personnel Management **prior** to my beginning employment.

Signature _____ Date _____

As Chair/Dean/Dept. Mgr., I acknowledge that I am aware that the above-mentioned person is employed elsewhere and that there is no conflict with the assigned work schedule at UCA.

Chair/Dean

Date

Appointment
 Change in Status
 Termination

UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM

Regular
 Extra Help
 Emergency Hire

| | | | | | |
|-------------|------|-------|------|-------------------------------|---------------|
| NAME | Last | First | M.I. | SOCIAL SECURITY NUMBER | UCA ID |
|-------------|------|-------|------|-------------------------------|---------------|

| A1. PROPOSED STATUS | | | | B1. PRESENT STATUS | | | |
|------------------------------|------------------|---------------------|-----------------|--------------------|---------------------|-----------------|---|
| 1. College/Division | | | | | | | |
| 2. Primary Dept. Name | | | | | | | |
| 3. Title of Position | | | | | | | |
| 4. Employment Status | Grade | Full-time | Part-time | Grade | Full-time | Part-time | % |
| 5. Salary | \$ | 12 mo. _____ | 9 mo. _____ | \$ | 12 mo. _____ | 9 mo. _____ | % |
| | | 10 mo. _____ | Other _____ | | 10 mo. _____ | Other _____ | |
| 6. Academic Term Designation | 1 (Spring) _____ | 3 (Summer I) _____ | 5 (Other) _____ | 1 (Spring) _____ | 3 (Summer I) _____ | 5 (Other) _____ | |
| | 2 (Fall) _____ | 4 (Summer II) _____ | | 2 (Fall) _____ | 4 (Summer II) _____ | | |

| A2. PROPOSED SALARY DISTRIBUTION | | | | | | |
|-------------------------------------|-------------------------------------|--------------|------|---------------------|----|-----------------------|
| 7. Position Number (Leave Blank) | 8. Salaries Account Number and Name | | 9. % | 10. Effective Dates | | 11. Amount to be Paid |
| | Account Number | Account Name | | From | To | (Payroll Use Only) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| B2. PRESENT SALARY DISTRIBUTION | | | | | | |
|-------------------------------------|-------------------------------------|--------------|------|---------------------|----|-----------------------|
| 7. Position Number (Leave Blank) | 8. Salaries Account Number and Name | | 9. % | 10. Effective Dates | | 11. Amount to be Paid |
| | Account Number | Account Name | | From | To | (Payroll Use Only) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: _____

2. Person being replaced: _____ 3. Is this a Tenure Track Position? _____ Yes _____ No

4. For termination, show the last day the employee was or will be present for work: _____

| SIGNATURES | | |
|---------------------------------|------|---|
| Principle Investigator (Grants) | Date | HUMAN RESOURCES OFFICE ONLY |
| Hiring Unit/Department Chair | Date | |
| Dean of College | Date | Job Code: _____ Title Code: _____ Schedule: _____ |
| Vice President | Date | Concurrent Approved: _____ Date: _____ |
| Human Resources | Date | PAYROLL OFFICE ONLY |
| Budget Office | Date | |
| President | Date | |
| | | Entered by: _____ Date: _____ |

Please Submit This Form in Yellow