

**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 _____ Employee ID 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.

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