

UNIVERSITY OF CENTRAL ARKANSAS

CONCURRENT EMPLOYMENT INFORMATION

This form must be completed by the employee and attached to each PAF requesting appointment or change.

NAME _____

EMPLOYEE ID # _____

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 here:*

SIGNATURE _____ DATE _____

IF NO, THIS FORM IS COMPLETE AND READY TO SUBMIT WITH PAF.

----- ***OR*** -----

YES **If yes, please provide specific information and signatures below.*

Please list your UCA work schedule as well as your CONCURRENT EMPLOYMENT schedule.

Briefly explain how the duties performed for secondary employer will not interfere with primary duties. Specify if you will take accrued leave, or work make-up time for any secondary hours worked that are in conflict with primary hours worked.

PRIMARY EMPLOYER		SECONDARY EMPLOYER	
*EMPLOYER		*EMPLOYER	
*EMPLOYMENT PERIOD		*EMPLOYMENT PERIOD	
*WORK DAYS		*WORK DAYS	
*WORK TIMES		*WORK TIMES	
*ASSIGNMENT SALARY		*ASSIGNMENT SALARY	
*EXPLANATION/ JUSTIFICATION		*EXPLANATION/ JUSTIFICATION	

I understand that concurrent employment must be approved by the Arkansas Department of Higher Education (ADHE) **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 SIGNATURE _____ DATE _____