

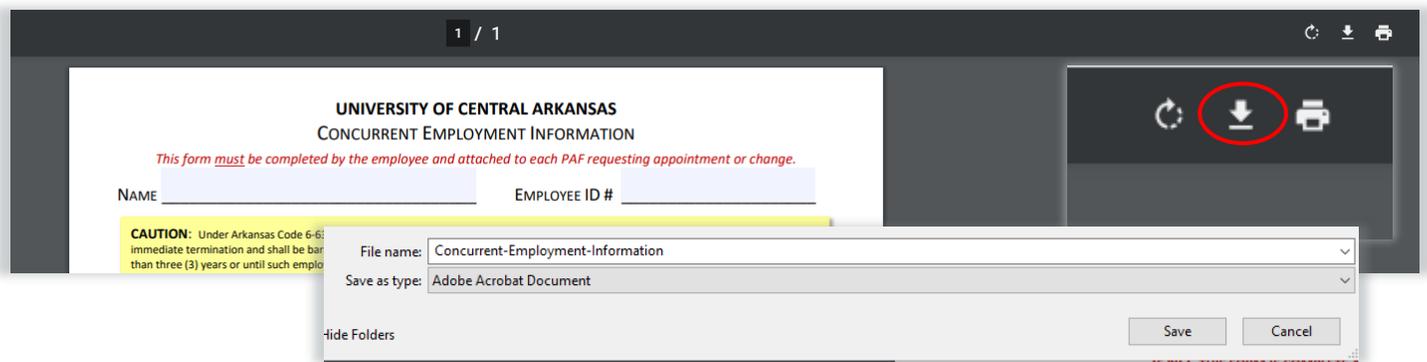
CONCURRENT EMPLOYMENT INFORMATION FORM INSTRUCTIONS

Items needed before you begin:

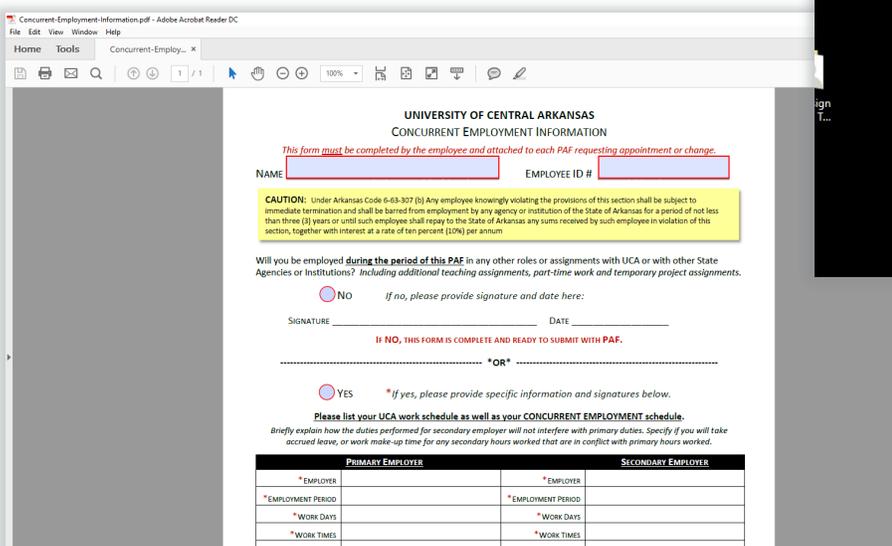
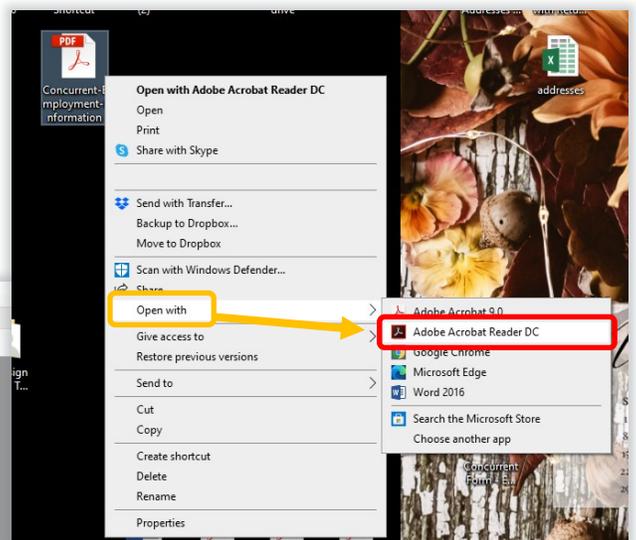
- ✓ Acrobat Adobe Reader
If you do not have Acrobat Adobe Reader on your computer, you may download it free [HERE](#).
- ✓ CONCURRENT EMPLOYMENT INFORMATION FORM from the Human Resources webpage:
<https://uca.edu/hr/files/2014/01/Concurrent-Employment-Information.pdf>

Accessing the *Concurrent Employment Information* form on the Human Resources website:

- ◆ Go to the Human Resources website to locate the form:
<https://uca.edu/hr/files/2014/01/Concurrent-Employment-Information.pdf>
- ◆ Download the form to your desktop (or other desired location) by clicking the download button.



- ◆ Locate the file on your Desktop (or other desired save location)
- ◆ Right-click on the file and scroll down to **OPEN WITH...**
- ◆ Select **Adobe Acrobat Reader**
- ◆ This will open the concurrent form in Adobe Reader which will allow you to fill out the form and sign it



Concurrent-Employment-Information.pdf - Adobe Acrobat Reader DC

File Edit View Window Help

Home Tools Concurrent-Employ... x

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	
* EMPLOYMENT STATUS		* EMPLOYMENT STATUS	

CONCURRENT EMPLOYMENT INFORMATION FORM INSTRUCTIONS

Completing the Concurrent Employment Information Form:

- ◆ If you are NOT working concurrently in more than one position with the state of Arkansas. select **NO**.
- ◆ This will activate the signature and date boxes. Enter the date and sign.
- ◆ To sign, click in the signature box. *If this is your first time to sign a pdf in Adobe Reader, it will prompt you to set up a Digital ID (This will serve as your signature).*

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* -----

To set up a Digital ID in Adobe Reader:

- ◆ Click **CONFIGURE NEW DIGITAL ID**
- ◆ Select **CREATE A NEW DIGITAL ID** and click **CONTINUE**

Configure a Digital ID for signing

A Digital ID is required to create a digital signature. The most secure Digital IDs are issued by trusted Certificate Authorities and are based on devices like smart cards and tokens. Some are also issued by individuals, but they provide a lower level of identity assurance.

Select the type of Digital ID:

- Use a Signature Creation Device
Configure a smart card or token connected to your computer
- Use a Digital ID from a file
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID**
Create your self-signed Digital ID

Cancel Continue

- ◆ Select **SAVE TO FILE**

Select the destination of the new Digital ID

Digital IDs are typically issued by trusted providers that assure the validity of the identity. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases.

- Save to File**
Save the Digital ID to a file in your computer
- Save to Windows Certificate Store
Save the Digital ID to Windows Certificate Store to be shared with other applications

- ◆ Fill in your *Name, Organizational Unit, Organization Name, and Email Address.*
- ◆ Click **CONTINUE**

Create a self-signed Digital ID

Enter the identity information to be used for creating the self-signed Digital ID. Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name

Organizational Unit

Organization Name

Email Address

Country/Region

Key Algorithm

Use Digital ID for

Back Continue

CONCURRENT EMPLOYMENT INFORMATION FORM INSTRUCTIONS

- ◆ Create a password. Select something easy for you to remember because you have to enter this password anytime you sign a pdf in Adobe Reader. Clive **SAVE**

- ◆ You now have a Digital ID that will serve as your signature. Enter your password and it will sign in the Signature Box on the concurrent form

- ◆ Every time you sign a pdf, it will prompt you to save the file. Add your name as the employee at the end of the file name.

- ◆ **SAVE.**

- ◆ If you **ARE** working concurrently in more than one position with the state of Arkansas. select **YES**.

	PRIMARY EMPLOYER		SECONDARY EMPLOYER
*EMPLOYER	UALR	*EMPLOYER	University of Central Arkansas
*EMPLOYMENT PERIOD	08/16/2005 - present	*EMPLOYMENT PERIOD	01/16/21 - 05/15/21
*WORK DAYS	Monday - Friday	*WORK DAYS	Tuesdays
*WORK TIMES	8:00am - 4:30pm	*WORK TIMES	6:00pm-8:00pm
*ASSIGNMENT SALARY	\$50,000	*ASSIGNMENT SALARY	\$2,000
*EXPLANATION/ JUSTIFICATION	teach full time	*EXPLANATION/ JUSTIFICATION	teach one class on Tuesday evenings. After primary work hours so no conflict.

- ◆ This will activate the bottom section of the form. Enter all required data, sign, and date. See above for signing instructions. Once you have established the Digital ID you will only need to enter your password and continue to sign in the future.
- ◆ Save the file and email it to your Chair/Dean for their signature

CONCURRENT EMPLOYMENT INFORMATION FORM INSTRUCTIONS

When Chair/Dean Signature is required:

- ◆ Email concurrent form completed by the employee to the appropriate chair/dean for their signature.
- ◆ Chair/Dean will need to open the file in Adobe Reader (see above for instructions on how to do that)
- ◆ Follow the same procedure described above to set up Digital ID if required and sign

JUSTIFICATION		JUSTIFICATION	evenings. After primary work hours so no conflict.
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I understand that concurrent employment must be approved by the Arkansas Department of Higher Education (ADHE) prior to my beginning employment.

*SIGNATURE Rachel Hall Digitally signed by Rachel Hall
Date: 2020.12.01 13:42:06 -06'00' DATE 12/01/2020

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 Jannette Nance Digitally signed by Jannette Nance
Date: 2020.12.01 13:50:44 -06'00' DATE 12/02/2020

- ◆ Save the file
- ◆ Email the **CONCURRENT EMPLOYMENT INFORMATION** form, completed and signed by all parties, to your department's designated person that will be filling out the PAF so they can attach the form in DocuSign

IMPORTANT INFORMATION:

- ◆ A **CONCURRENT EMPLOYMENT INFORMATION** form must be attached to ALL PAFs
Does not apply to termination or leave of absence PAFs
- ◆ **DO NOT** start the PAF until you have the concurrent form completed and signed by all required parties. Once the concurrent form is attached to the DocuSign envelope it cannot be edited or signed. It has to be done in Adobe Reader **BEFORE** it is attached in DocuSign!