# 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.

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This form <u>must</u> be complete NAME	UNIVERSITY OF CENTRAL ARKANSAS ONCURRENT EMPLOYMENT INFORMATION I by the employee and attached to each PAF requesting appointment or change. EMPLOYEE ID #	े 💽 क
CAUTION: Under Arkansas Code 6-6 immediate termination and shall be ba than three (3) years or until such emplo	File name: Concurrent-Employment-Information Save as type: Adobe Acrobat Document	
	fide Folders	Save Cancel

Open with Adobe Acrobat Reader DC

mployme nformati Open Print Share with Skype

😻 Send with Transfer...

Backup to Dropbox. Move to Dropbox

- 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

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Concurrent-Employment-Information.pdf - Adobe Acrobat Reader DC File Edit View Window Help				162 Share	
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	CONCURRENT EMPLOYMENT INFOR	MATION			Word 2016
This form <u>mu</u>	t be completed by the employee and attached to each PA	F requesting appointment or change.		Cut Copy	Search the Microsoft Store
NAME	EMPLOYE	EID#			Choose another app
CAUTION: Under	triancer Code 6 62 207 (b) Any employee knowledy violating the pro-	inions of this section shall be subject to		Create shortcut	Concurrent
immediate terminatio	in and shall be barred from employment by any agency or institution	f the State of Arkansas for a period of not less		Delete	104 THE GAMPAGE AND A
than three (3) years o section, together with	r until such employee shall repay to the State of Arkansas any sums re interest at a rate of ten percent (10%) per annum	ceived by such employee in violation of this		Rename	
Will you be employe Agencies or instituti	ed during the period of this PAF in any other roles or assi ons? Including additional teaching assignments, part-tin	nments with UCA or with other State		Properties	
	NO If no, please provide signature and date I	ere:			
Signature _	Dat				
	IF NO, THIS FORM IS COMPLETE AND READY TO SUB	MIT WITH PAF.			
•	*OR*				
•	YES *If yes, please provide specific informatic	n and signatures below.			
Pleas	e list your UCA work schedule as well as your CONCURR	ENT EMPLOYMENT schedule.			
Briefly explain how accrued leave	v the duties performed for secondary employer will not interfer , or work make-up time for any secondary hours worked that a	with primary duties. Specify if you will take we in conflict with primary hours worked.			
	PRIMARY EMPLOYER	SECONDARY EMPLOYER			
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*WORK DAYS	*WORK	DAYS			
* WORK TIMES	*WORK T	MES			
* Anticipation of the Anti	* Accountry Co				

# **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 CI	ENTRAL ARKANSAS
CONCURRENT EMPLO	DYMENT INFORMATION
This form <u>must</u> be completed by the employee and at NAME John Smith	tached to each PAF requesting appointment or change. EMPLOYEE ID # B00000000
CAUTION: Under Arkansas Code 6-63-307 (b) Any employee knowi immediate termination and shall be barred from employment by any than three (3) years or until such employee shall repay to the State of section, together with interest at a rate of ten percent (10%) per annu	ngly violating the provisions of this section shall be subject to agency or institution of the State of Arkansas for a period of not less Arkansas any sums received by such employee in violation of this m
Will you be employed <u>during the period of this PAF</u> in any of Agencies or Institutions? <i>Including additional teaching assigned</i>	other roles or assignments with UCA or with other State gnments, part-time work and temporary project assignments.
*(	DR*

		Configure a Digita	l ID for signing	
CIICK CONFIG		A Digital ID is required to	Select the type	of Digital ID:
Select CREAT	<b>E A NEW DIGITAL ID</b> and click <b>CONTINUE</b>	create a digital signature.The most secure Digital ID are issued by trusted Certificate es and are based e devices like sma	art	Use a Signature Creation Device Configure a smart card or token connected to yc computer
	Configure New Digital ID Cancel Co	bken. Some are i files. also create a new ), but they provid el of identity		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
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Select SAVE 1 Select the destination o	of the new Digital ID ×	Create a self-signed Di	gital ID Name	Rachel Hall
Select SAVE 1 Select the destination o Digital IDs are typically issued by trusted providers that assure the validity of the identity.	of the new Digital ID       ×         Image: Save to File Save the Digital ID to a file in your computer	Create a self-signed Di Enter the identity information to be used for creating the self-signed Digital ID.	<b>gital ID</b> Name Organizational Unit	Rachel Hall University of Central Arkansas
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	of the new Digital ID ×  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 Save the Digital ID to Windows Certificate Store	Create a self-signed Di Enter the identity information to be used for creating the self-signed Digital IDs that are self- signed by individuals do not	gital ID Name Organizational Unit Organization Name	Rachel Hall University of Central Arkansas University of Central Arkansas
Select SAVE 1 Select the destination of 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.	of the new Digital ID       ×         Image: Save to File Save the Digital ID to a file in your computer         Image: Save to Windows Certificate Store Save the Digital ID to Windows Certificate Store to be shared with other applications	Create a self-signed Di Information to be used for creating the self-signed Digital IDs that are self- signed by individuals do not provide the assurance that the identity information is	gital ID Name Organizational Unit Organization Name Email Address	Rachel Hall       University of Central Arkansas       University of Central Arkansas       University of Central Arkansas       rhall15@uca.edu
Select SAVE 1 Select the destination of 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.	of the new Digital ID       ×         Image: Save to File Save to File Save the Digital ID to a file in your computer         Image: Save to Windows Certificate Store Save the Digital ID to Windows Certificate Store to be shared with other applications	Create a self-signed Di Enter the identity information to be used for creating the self-signed Digital ID: 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.	gital ID Name Organizational Unit Organization Name Email Address Country/Region	Rachel Hall       University of Central Arkansas       University of Central Arkansas       rhall15@uca.edu       US - UNITED STATES
Select SAVE 1 Select the destination o	of the new Digital ID       × <ul> <li>Save to File</li> <li>Save the Digital ID to a file in your computer</li> <li>Save to Windows Certificate Store</li> <li>Save the Digital ID to Windows Certificate Store to be shared with other applications</li> </ul>	Create a self-signed Di Information to be used for creating the self-signed 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.	gital ID Name Organizational Unit Organization Name Email Address Country/Region Key Algorithm	Rachel Hall       University of Central Arkansas       University of Central Arkansas       rhall15@uca.edu       US - UNITED STATES       2048-bit RSA

 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

Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing. Save the Digital ID file in a known location so that you can copy or backup it.	igital ID to a file     ×       Your Digital ID will be saved at the following location :     C:\Users\rhall15\AppData\Roaming\Adobe\Acrobat\Dc       C:\Users\rhall15\AppData\Roaming\Adobe\Acrobat\Dc     Browse   Apply a password to protect the Digital ID:	<ul> <li>You now have a Digital your signature. Enter your signature. Enter your signature.</li> <li>will sign in the Signature concurrent form</li> </ul>	ID that will serve as our password and it e Box on the
	Confirm the password:	Sign as "Rachel Hall"	×
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3	Back Save		jitally signed Rachel Hall
UN CONC This form must be completed by t	NIVERSITY OF CENTRAL ARKANSAS CURRENT EMPLOYMENT INFORMATION	Hall Da	te: 2020.12.01 35:19 -06'00'
NAME Rachel Hall	EMPLOYEE ID # B00000000		View Certificate Details
CAUTION: Under Arkansas Code 6-63-307 ( immediate termination and shall be barred fro than three (3) years or until such employee sh section, together with interest at a rate of ten	(b) Any employee knowingly violating the provisions of this section shall be subject to an employment by any agency or institution of the State of Arkanasa for a period of not less all repays to the State of Arkanasa any sums received by such employee in violation of this percent (10%) per annum	Review document content that may affect signing	Review
Will you be employed <u>during the period</u> Agencies or Institutions? <i>Including addi</i>	l of this PAF in any other roles or assignments with UCA or with other State tional teaching assignments, part-time work and temporary project assignments.		Back Sign
NO If no, pl SIGNATURE Rachel Hall	Lease provide signature and date here: Dipulsy signed by Randel Hall Date: 2003 12.01 13.2751-08.007 S FORM IS COMPLETE AND READY TO SUBMIT WITH PAF.		

• 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.

File name:	Concurrent-Employment-Information - Rachel Hall	-
Save as type:	Adobe PDF Files (*.pdf)	•
lide Folders	Save Cancel	

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

• YES * If yes, please provide specific information and signatures below.			
Please Briefly explain how accrued leave,	list your UCA work schedule as well as the duties performed for secondary employ or work make-up time for any secondary ha	er will not interfere with ours worked that are in o	EMPLOYMENT schedule. h primary duties. Specify if you will take conflict with primary hours worked.
	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.
l understand that cor <b>prior</b> to my beginning	ncurrent employment must be approved g employment.	d by the Arkansas Dep	partment of Higher Education (ADHE)
*SIGNATURE	Rachel Hall Digitally signed by F Date: 2020.12.01 13	Rachel Hall 3:42:06 -06'00' DATE	12/01/2020
As Chair/Dean/Dept. that there is no confl	Mgr., I acknowledge that I am aware th ict with the assigned work schedule at U	at the above-mentior JCA.	ned person is employed elsewhere and
*CHAIR/DEAN S			Date

♦ SAVE.

- 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

### 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	Jus	STIFICATION levenings. After primary work hours so no conflict.
I understand that concurrent employmen <b>prior</b> to my beginning employment.	t must be approved by the Arka	cansas Department of Higher Education (ADHE)
*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 there is no conflict with the assigned	that I am aware that the above work schedule at UCA.	re-mentioned person is employed elsewhere an
*CUMP/DEAN SIGNATURE Janne	tte Nance Digitally signed by Jan Date: 2020.12.01 13:5	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 <u>must be attached to ALL PAFs</u> Does not apply to termination or leave of absence PAFs
- <u>DO NOT</u> 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 <u>cannot</u> be edited or signed. It has to be done in Adobe Reader <u>BEFORE</u> it is attached in DocuSign!