



# Eastern Kentucky University

## Additional Assignment Request Form

Revision 6/14/2017

### Employee Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ EKU ID #: \_\_\_\_\_

Does the employee have a Primary Job assignment?     Yes     No (If No, please use a PAF)

### Additional Assignment Job Information

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Org Code: \_\_\_\_\_

Assignment Description:

### Payment Details

**Non-Exempt (Hourly) Assignment - (Must submit a bi-weekly paper time sheet to the Payroll Office)**

Hours/Day: \_\_\_\_\_ X Days: \_\_\_\_\_ X Hourly Rate: \_\_\_\_\_ = Total Compensation: \$ \_\_\_\_\_

**Exempt (Salary) Assignment**

Number of Days: \_\_\_\_\_ X Daily Rate: \_\_\_\_\_ = Total Compensation: \$ \_\_\_\_\_

All assignments will terminate with the fiscal year on June 30th if no end date is provided. A new form is required for position renewal.

### EKU Employee Certification

I agree to accept the terms as outlined in this document. I affirm that I have received clearance from my primary supervisor. I understand that I am responsible for providing full time efforts to meet the need of my primary position. The request for additional hours beyond the terms above must be approved by my primary supervisor and promptly reported to Human Resources.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

### Approvals

By signing this form, you are supporting this request and agreeing to the terms outlined above.

Assignment Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Required

Dept. Budget Head: \_\_\_\_\_ Date: \_\_\_\_\_  
Required

Chair/Dean/VP: \_\_\_\_\_ Date: \_\_\_\_\_  
Required

Provost/Vice Provost: \_\_\_\_\_ Date: \_\_\_\_\_  
Required for faculty only

Sponsored Programs: \_\_\_\_\_ Date: \_\_\_\_\_  
Required for grants only

**Please submit the completed and approved form to the Office of Human Resources, Jones 203.**

### For HR Office Use

SM     FA  
 BW     No Current Job

Position and Suffix Number

\_\_\_\_\_

**Date Received**