



Eastern Kentucky University Additional Assignment Form

Revision 04.27.23

Employee Information

Name: _____

EKU ID #: _____

Job Information

Job Title: _____

Department: _____

Org Code: _____

Start Date: _____

End Date: _____ Jobs with no end date will terminate with the fiscal year on June 30th. A new form is required for position renewal.

Job Description:

Compensation

Total Amount: \$ _____

Compensation amount is paid per start and end dates of the job and are paid semi-monthly.

EKU Employee Certification

I agree to accept the terms as outlined above and affirm that I have received clearance from my primary supervisor. I understand that I am responsible for providing full time efforts to meet the needs 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

Job Approval

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

Job Supervisor: _____ Date: _____

Department Budget: _____ Date: _____

Department Executive: _____ Date: _____
VP, Dean, Chair

Provost Office: _____ Date: _____
Required for faculty only

President: _____ Date: _____

Sponsored Programs: _____ Date: _____
Required for grants only

Send completed forms to the Office of Human Resources, Jones 203, CPO 24A

HR Use Only

SM FA SS

Other: _____

Position & Suffix

: _____

Date Received

: _____

HR Representative

: _____