



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