**APPROVAL BY THE OFFICE OF HUMAN RESOURCES IS REQUIRED IN ADVANCE OF ANY ADDITIONAL EMPLOYMENT.**

**PROPOSED ADDITIONAL EMPLOYMENT JUSTIFICATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Department Number:  |       | Date of Request: |       |
| Requesting Department: |       |
| HR Representative: |       |  Telephone Number: |       |
|  |
| **Describe Emergency or One-Time Assignment**:      |
| **Identify the specialized knowledge, skills, or experience needed to accomplish the assignment:**      |
| **Describe the efforts to recruit a temporary employee (other than the University SHRA [SPA] Employee proposed below) possessing the skills and abilities identified above:**      |

**PROPOSED ADDITIONAL EMPLOYMENT ARRANGEMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Beginning Date: |       |  | Hours Per Week: \* |       |
| Ending Date: |       |  | Total Payment: \*\* |       |
| Work Schedule: |       |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  **\* A wage-hour non-exempt employee is paid his/her overtime rate for all hours worked over 40 hrs. in a work week.** |  |
|  | **\*\* Total payment indicated for both non-exempt and exempt employees.** |  |

**PROPOSED UNIVERSITY PERMANENT FULL-TIME SHRA EMPLOYEE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee’s Name: |       |  | Branch/Role: |       |
| PID: |       |  | Position Competency Level: |       |
| Department Name: |       |  | Position Number: |       |
| Department Number: |       |  | Wage-Hour Status:  | [ ]  Exempt [ ]  Non-Exempt |
| Campus Address: |       |  | Current Work Schedule: |       |

**APPROVAL CERTIFICATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|        |  |       |  |       |
| Name of Dept. Head/Authorized Rep. of the Proposed Employee’s Dept |  | Name of Dept. Head/Authorized Rep. of the Requesting Department/Agency |  | Name of Senior Director of Employment & Staffing or Assistant Director, Employment |
|  |  |  |  |  |
| Signature of Dept. Head/Authorized Rep. of the Proposed Employee’s Dept |  | Signature of Dept. Head/Authorized Rep. of the Requesting Department/Agency |  | Signature of Senior Director of Employment & Staffing or Assistant Director, Employment |
|       |  |       |  |       |
| Date |  | Date |  | Date |

**Scan and submit this signed form to the Staffing Support Services Specialist in the Office of Human Resources.**