Florida Atlantic University
Request for Approval of Additional Compensation

Name of Employee | Z#

PROPOSED ADDITIONAL ASSIGNMENT

Department | College

Department Tag # | Position No.

Class Title(s) | FTE

Period Salary | Period of Employment | to

Number of Bi-weeklies | Bi-weekly Payment

Duties to be performed in secondary employment and explanation/justification. Include actual days, time, and location (attach additional sheets if necessary):

Secondary Assignment Department Chair/PI Signature | Date

Secondary Assignment Dean/Director Signature | Date

PRIMARY ASSIGNMENT

Department | College

Department Tag # | Position No.

Class Title(s) | FTE

Regular Salary | Period of Employment | to

Number of Bi-weeklies | Bi-weekly Payment

Regular Assignment:

% Instruction | List Courses

% Dept. Research

% Other

The secondary assignment described above will not interfere with the primary assignment. If it might affect the faculty member's progress toward promotion and/or tenure, the faculty member has been counseled accordingly.

Primary Assignment Department Chair/PI Signature

Date

Primary Assignment Dean/Director Signature

Date

FINAL APPROVAL (Secondary Employer)

APPROVED ○ APPROVED AS MODIFIED ○ DISAPPROVED ○

Research Accounting Office (if applicable) Signature

Date

President/Provost or Representative Signature

Date