

FIRST NAME _____

M.I. _____

LAST NAME _____

BANNER ID _____

(Print Name As Listed On Social Security Card)

BEGIN DATE _____ AND ANTICIPATED END DATE _____

DETAILED DESCRIPTION OF WORK TO BE PERFORMED: (attach additional page if needed)

PRIMARY EMPLOYMENT TYPE: *(Check one.)*

EHRA NON FACULTY

EHRA FACULTY

SHRA EXEMPT

Note: Additional employment of an EHRA NON-FACULTY OR SHRA employee must be performed outside of their regular 40 hour per week work schedule and cannot interfere with the duties and responsibilities of their primary position. Advanced approval of the Primary Financial Manager (Department Head/Dean or Director/Vice Chancellor) required prior to work begin date.

Additional employment compensation may not exceed 20% of a 12 month employee's annual salary during the fiscal year. Additional compensation may not exceed 20% of a 9 month employee's salary for academic school year or 33.33% during the summer session.

AMOUNT OF AGREEMENT (FLAT RATE): \$ _____ POSITION #: _____

Note: Amount of Agreement typically is divided by the number of months in the employment period (above). The number of payments may be reduced based upon the date the agreement is received in the Office of Human Resources, or unless indicated by a checkmark below. I understand that it is my responsibility to ensure that I do not accept additional employment compensation beyond the maximum amounts allowed by policy.

_____ ****If checked, I understand that payment will only be made in the month following acceptance of the completed work by the authorized, contracting financial manager below.**

EMPLOYEE SIGNATURE

AUTHORIZATION: *(Must be pre-approved before work begins.)*

DEPT: _____

BANNER FUND / ACCT/ PROGRAM # (ex.: 170910-21210-170): _____ - _____ - _____

1. NAME: _____ TITLE: _____ EXT: _____

Financial Manager in Employee's Primary Dept
(Dept. Head/Dean or Director/Vice Chancellor)

2. NAME: _____ TITLE: _____ EXT: _____

Financial Manager in Contract Department
(Dept. Head/Dean or Director/Vice Chancellor)

3. NAME: _____ TITLE: _____ EXT: _____

Contract Dept. Executive Reporting Relationship
(Vice Chancellor or Chancellor, as appropriate)

POLICY: Use this form additional employment. Click [Temporary Contractual Hiring](#) for additional policy information.

Revised 04/24/2018