AUTHORIZATION FOR ADDITIONAL EMPLOYMENT

NameS					SN			
Current Dept./Div./Col.				J	Job Title			
Acct #			Pos #					
Salary/Wages per			(indicate one): hour month semester lump s				lump sum	
PROPOSED ADDITIONAL RESPONSIBILITIES:								
Dept/Div	/Col		Job Title					
Acct #	Acct # Pos # Salary		Hours	Course(s)	Location	In-Load/Over-Load		
To be paid in Lump Sum on: As the current supervisor of the above employee, I have reviewed the above information and feel that the proposed additional employment responsibilities will not interfere with the employee's regular work assignment(s). APPROVED:								
Current Supervisor			Date	— Employe	 ee		Date	

FORM MUST ACCOMPANY PERSONNEL ACTION FORM