Request for Supplemental Assignment

			Employee Information:						
	Name:						•	Name of employee performing the additional assignment	
	Employee ID:						•	If not known, HR will complete.	
	Current Position Title:						•	Employee's current title.	
	Current Supervisor:						•	 Employee's Current Supervisor 	
		'							
	Current Position Classification (check all that apply): 12-month 10-month (academic year) Temporary								
		12-month 10-month (academic year) Temporary Full-time Part-time Other							
	Exempt		Non-exempt		101				
		'							
	Assignment Title	Assignment Information: Assignment Title:						 Supplemental Title 	
	Assignment Description						4	Brief duty description	
		Assignment Supervisor:				Supervisor in charge, will also sign the supplemental timesheet?			
Enter start and end dates.	Start Date:		End Date:	Ass	Assignment Pay Rate*:				
				s					
				Hourly Other				Specify pay rate, including hourly or flat rate details, and any maximum hours or \$.	
					Not to exceed			-	
*Hourly employees must be paid overtime for hours actually worked over 40 per week.									
Budget responsible for the supplemental work. ——>	Accounting Information:	Accounting Information:							
	+			000	00	L	9999		
		enditure Detail 0000-0000		Activity/Special 000	Lapse Period	Fiscal Year			
					00	0000			
	Will this assignment cor	Will this assignment conflict with primary assignment, either in time or task?						Supplemental work should not	
		Will this assignment result in payment of overtime?						interfere with the employee's normal work duties/schedule.	
		• •			<u>'</u>			normal work duties/schedule.	
Enter the name and title of the supplemental	→				Date	:			
assignment supervisor.					Date	•			
Enter the name and title of the supplemental	→	Brien Martin Interim Director of Business/Finance Operations Nachwa Makky							
assignment department's Cabinet member.									
	Interim Director of Busi Nashwa Mekky								
	•	Chief People, Equity and Culture Officer Date:							
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