

**UNIVERSITY OF CENTRAL ARKANSAS**  
**CONCURRENT EMPLOYMENT INFORMATION**

NOTE: This form must be completed and attached to each Personnel Action Form requesting appointment or change.

Name \_\_\_\_\_ Employee ID No. \_\_\_\_\_

**CAUTION:** Under Arkansas Code 6-63-307 (b) Any employee knowingly violating the provisions of this section shall be subject to immediate termination and shall be barred from employment by any agency or institution of the State of Arkansas for a period of not less than three (3) years or until such employee shall repay to the State of Arkansas any sums received by such employee in violation of this section, together with interest at a rate of ten percent (10%) per annum.

Will you be employed **during the period of this PAF** in any other roles or assignments with UCA or with other State Agencies or Institutions? (Including additional teaching assignments, part-time work and temporary project assignments.)

\_\_\_\_ NO      If no, please provide signature and date below.  
\_\_\_\_ YES      If yes, please provide specific information below. Attach additional sheet if necessary.

<u>Work location,</u> <u>Dept/Employer</u>	<u>Employment</u> <u>Period</u>	<u>Work Schedule</u> <u>Days/ Hours</u>	<u>Assignment</u> <u>Salary</u>
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Example:

<u>UCA Music</u>	<u>1/13/05 – 5/06/05</u>	<u>T,Th 8 a.m.-1:00 p.m.</u>	
<u>UCA Music</u>	<u>1/13/05 – 5/06/05</u>	<u>MWF 9-11 a.m.</u>	<u>\$25,000</u>
<u>UALR Music</u>	<u>1/13/05 – 5/06/05</u>	<u>MWF 2-4 p.m.</u>	<u>\$ 5,200</u>

**Please list your UCA teaching schedule as well as your concurrent employment schedule.**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that concurrent employment must be approved by the State Office of Personnel Management **prior** to my beginning employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

As Chair/Dean/Dept. Mgr., I acknowledge that I am aware that the above-mentioned person is employed elsewhere and that there is no conflict with the assigned work schedule at UCA.

\_\_\_\_\_  
Chair/Dean

\_\_\_\_\_  
Date

NAME	Last	First	M.I.		UCA ID
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division							
2. Primary Dept. Name							
3. Title of Position							
4. Employment Status	Grade	Full-time	Overload	Part-time	Grade	Full-time	Part-time
				%			%
5. Salary	\$	12 mo. _____	9 mo. _____		\$	12 mo. _____	9 mo. _____
		10 mo. _____	Other _____			10 mo. _____	Other _____
6. Academic Term Designation	1 (Spring) _____	3 (Summer I) _____	5 (Other) _____		1 (Spring) _____	3 (Summer I) _____	5 (Other) _____
	2 (Fall) _____	4 (Summer II) _____			2 (Fall) _____	4 (Summer II) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
	Account Number	Account Name		From	To	(Payroll Use Only)

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
	Account Number	Account Name		From	To	(Payroll Use Only)

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: \_\_\_\_\_

2. Person being replaced: \_\_\_\_\_ 3. Is this a Tenure Track Position? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. For termination, show the last day the employee was or will be present for work: \_\_\_\_\_

SIGNATURES		
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY
Hiring Unit/Department Chair	Date	
Dean of College	Date	
Vice President	Date	PAYROLL OFFICE ONLY
Human Resources	Date	
Budget Office	Date	
President	Date	
		Entered by: _____ Date: _____