

**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>
---	------------------------------------	--	------------------------------------

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

Benefits Eligible
 Appointment
 Change in Status
 Termination

UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM

Supervisor _____
 Regular _____
 Extra Help _____
 Emergency Hire _____

NAME	Last	First	M.I.		UCA ID
-------------	------	-------	------	--	---------------

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 (Payroll Use Only)
	Account Number	Account Name		From	To	

B2. PRESENT SALARY DISTRIBUTION

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

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	Job Code: _____	Title Code: _____ Schedule: _____
Dean of College	Date	Concurrent Approved: _____	Date: _____
Vice President	Date	PAYROLL OFFICE ONLY	
Human Resources	Date	Entered by: _____ Date: _____	
Budget Office	Date		
President	Date		

Please Submit This Form in Yellow