

REQUEST FOR SPECIAL EMPLOYMENT

(To Be Used Only For Certain Supplementary Employment)
Refer to Payroll Procedure 40.20.84, formerly 1.5.11

NAME: _____ SS#: _____

ADDRESS: _____

PRIMARY EMPLOYMENT	SPECIAL EMPLOYMENT
Account & Position No: _____	Account No: _____
Title: _____	Hourly Rate of Pay: _____
Hourly Rate of Pay: _____	Date and Times of Service: _____
Total Annual Salary: _____	Employment Period: _____

EXPLANATION:

- 1) Need for Service:
- 2) Type of Service:
- 3) Basis for Special Employment Pay Rate:

I certify that I can render these supplementary services entirely outside my regular work schedule for the above period and that they will not in any way interfere with the performance of my regular duties.

I understand that violation of any personnel rules during the performance of these supplementary services will subject to disciplinary action appropriate to the circumstances.

_____ Employee Signature	_____ Date
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I certify that these supplementary services can be rendered entirely outside the regular work schedule of this employee for the period stated above.	I certify that these supplementary services can be rendered entirely outside the regular work schedule of this employee for the period state above.
_____ Signature and Title of Primary Appointing Authority	_____ Signature and Title of Special Appointing Authority
Date: _____	Date: _____

Approved Denied _____
Personnel Administrator

REASON FOR DENIAL (If applicable):

