

UNIVERSITY OF CENTRAL ARKANSAS
CONCURRENT EMPLOYMENT INFORMATION

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

Name _____ Employee ID # _____

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 here:

Signature _____ Date _____



IF NO, THIS FORM IS COMPLETE AND READY TO SUBMIT WITH PAF.

----- ***OR*** -----

☐ YES Please provide specific information and signatures below. Attach additional sheet if necessary.

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

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

Example:

<u>UCA Music</u>	<u>8/16/19 – 5/15/20</u>	<u>MWF 9-11, TuTh 8am-1pm</u>	<u>\$53,000</u>
<u>UALR Music</u>	<u>1/16/20 – 5/15/20</u>	<u>MWF 2-4 pm</u>	<u>\$ 5,600</u>

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 Signature _____ Date _____

NAME	Last	First	M.I.	Email Address	UCA ID
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A1. FUTURE/NEW STATUS				B1. CURRENT STATUS			
1. College/Division							
2. Primary Dept. Name							
3. Title of Position							
4. Employment Status	Grade	Full-time	Overload	Part-time	Grade	Full-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. FUTURE/NEW 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. CURRENT 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: _____
Department Contact: _____

2. Person being replaced: _____ .Tenure Track Position? ☐ Yes ☐ No ☐ @ ☐ y#* k ☐ V

*UCA Retirement is age 59 1/2 with at least 10 years of UCA benefit eligible service or any age with 28 years of benefit eligible state service.

— 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: _____