



FLORIDA STATE UNIVERSITY

DUAL COMPENSATION REQUEST/APPROVAL

Employee Name: _____ Employee ID: _____

Request compensation: for employment in excess of one established position
 simultaneously from salaries and any appropriation other than salaries

Initiator Name: _____ Phone: _____ Mail Code: _____

Table with 3 columns: PRIMARY EMPLOYMENT/APPOINTMENT, POSITION INFORMATION, SECONDARY EMPLOYMENT/APPOINTMENT. Includes fields for department, job title, rates, and schedules.

TO BE COMPLETED BY PRIMARY EMPLOYER

TO BE COMPLETED BY SECONDARY EMPLOYER

(If for any reason this statement is not applicable, a separate statement of explanation from the primary employer must be attached.) This employee has my approval to perform the additional duties indicated above for the secondary employer...

Secondary Supervisor's Name: _____ (type or print)

Dean / Director / Dept. Head Signature _____

Date _____ Dean/Director/Dept. Head (type or print)

Additional Secondary Appointment? Yes No

TO BE COMPLETED BY EMPLOYEE

The hours and rate of pay as indicated for the secondary employment are agreeable. This certifies that the hours indicated are accurate, are outside of my normal working hours in my primary employment...

Employee Signature _____ Date _____

FINAL ACTION

Authorized Authorized as modified Not Authorized

Dean of the Faculties / Assistant VP for Human Resources Signature _____ Date _____