



Arkansas Division of Higher Education

Concurrent Employment and Other Compensation Request

Employee's Name: _____ Type of Request: Concurrent: _____ Other Compensation: _____

INSTRUCTIONS

PRIMARY EMPLOYER

SECONDARY EMPLOYER

Table with 3 columns: Employer, PRIMARY EMPLOYER, SECONDARY EMPLOYER. Rows include: Employer Address, Phone Number, Contact Person, Email Address; Job Title, Line Item Number, Pay Grade, FSLA Status, Salary, Line Item Max, Employment Dates, Work Days, Work Times; Duties Performed and Explanation/Justification.

The submission of this request to the Director of the Division of Higher Education certifies that:

- (1) The additional duties performed for the secondary employer by the employee named herein will not interfere with the proper and required performance of the employee's primary duties;
(2) All wages paid to the employee will be in compliance with applicable provisions of the Fair labor Standards Act including, but not limited to, over time provisions. The employee will take accrued leave, or work make-up time, for any secondary hours worked that are in conflict with primary hours of work; and,
(3) The combined salary payments from the secondary and primary employers will not exceed the larger maximum annual salary of the line-item position authorized for either agency/institution from which the employee is being paid(unless the employee is secondarily employed in a teaching position pursuant to Arkansas Code Annotated 19-4-1604(b) which allows employees to teach temporarily.

Check here if ACA 19-4-1604(b) is applicable

Signature of Primary Approving Authority

Signature of Secondary Approving Authority

Arkansas Division of Higher Education

Based on the information provided ADHE recommends that this request be:

Approved Denied Date
Administrator, Division of Higher Education

ACTION TAKEN:

Approved Denied Date
Director, Division of Higher Education