# Additional/Concurrent Employment
# Form for CSU Employees

**Employee Name:** _____

**Employee ID:** _____          Exempt: _____    Non-Exempt: _____

**Primary Department:** _____

**Additional/Concurrent Department:** _____

**My current work schedule is:** _____

## Section: A

1)        This additional/concurrent appointment does <u>not</u> change my current work schedule

2)        I am requesting to change my current work schedule effective _____ and will end _____

## Section: B

| Proposed Alternative Work Schedule | | | | | | | |
|---|---|---|---|---|---|---|---|
| Weekday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 1st Start Time | | | | | | | |
| 1st End Time | | | | | | | |
| 2nd Start Time | | | | | | | |
| 2nd End Time | | | | | | | |
| Lunch* | | | | | | | |
| Number of Work Hours | | | | | | | |

*0 minute lunch can only be selected if the work day is 6 hours or less.

## Section: C

My additional/concurrent employment assignment for the term is:

| Term / Year | Assignment Type: Instruction or Office hours | Day(s) of the Week | Start Time | End Time |
|---|---|---|---|---|
| | | | | |
| | | | | |
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## Section: D

Non-Exempt employees are subject to Fair Labor Standards Act (FLSA) overtime provisions when they work in multiple concurrent positions that exceeds 1.00 Full-Time Equivalent (FTE)/40 work hours, as appropriate to CBA. Should the department approve the concurrent work assignment in a faculty position, <u>the department will agree to pay the overtime difference</u>.

MPP Supervisor / Chair Signature: _____    Date: _____

College Dean / Dept. Head Signature: _____    Date: _____

Vice President Signature: _____    Date: _____

**Submit this form along with Pay Work Sheet to the Payroll Department - Sierra Hall Room - 103**