



Request for UCF Dual Compensation

University of Central Florida - Human Resources - Payroll Services

- Form must be completed with all signatures & attached to the action in Workday
- Questions involving procedure and form may be directed to Payroll@ucf.edu.

Employee's Name: _____ Employee ID: _____

PRIMARY SUPERVISORY ORGANIZATION INFORMATION:

UCF Primary Supervisory Organization: _____

Employee Position Number and Profile: _____

Rate (annual): _____ FTE: _____

Funding Worktag(s): _____

(all C&G funding requires review by the Office of Research & Commercialization Compliance prior to submittal to Human Resources)

SECONDARY SUPERVISORY ORGANIZATION INFORMATION:

UCF Secondary Supervisory Organization: _____

Period of Employment: **Start Date:** _____ **End Date:** _____

Rate: _____ **TOTAL PAYMENT:** _____ FTE: _____

Funding Worktag(s): _____

(all C&G funding requires review by the Office of Research & Commercialization Compliance prior to submittal to Human Resources)

Details of proposed duties and justification of need for secondary position:

To be reviewed by the EMPLOYEE:

The hours and rate of pay indicated for the second position are agreeable. This certifies the hours indicated in the sections above are accurate, outside of my primary position's working hours, and do not interfere with my primary position.

Printed Name: _____

Signature: _____ Date: _____

To be reviewed by the SECONDARY EMPLOYER:

I acknowledge that the details of proposed duties and justification of need for secondary position is agreeable.

Printed Name: _____

Signature: _____ Date: _____

To be reviewed by the PRIMARY EMPLOYER:

I acknowledge that this employee has my approval to perform the additional duties indicated above for the secondary employer. These duties will not be performed during the employee's regular working hours in their primary position, will not involve a conflict of interest with the employee's regular duties in their primary position, and will not involve the use of any university space, personnel, equipment or supplies furnished by their primary employer. **I also understand that all hours must be reported by the Primary Employer.**

Printed Name: _____

Signature: _____ Date: _____

Dean or Director of Primary Employer's Approval:

Printed Name: _____

Signature: _____ Date: _____

To be reviewed by the OFFICE OF RESEARCH AND COMMERCIALIZATION – Research Integrity & Compliance Department:

- **Must be completed for grants / C&G funds**

Printed Name: _____

Signature: _____ Date: _____