

## Request for UCF Dual Compensation

University of Central Florida - Human Resources  
Records & Payroll Services

**Form must be completed with all signatures and attached to ePAF to HR Records.**

NAME OF EMPLOYEE			EMPLOYEE ID #		
UCF PRIMARY EMPLOYING DEPARTMENT/DIVISION			UCF SECONDARY EMPLOYING DEPARTMENT/DIVISION		
UCF PRIMARY DEPARTMENT/DIVISION				UCF SECONDARY DEPARTMENT/DIVISION	
		<b>POSITION NUMBER/TITLE</b>	<b>PERIOD OF EMPLOYMENT</b>	BEGIN DATE	END DATE
RATE		<b>RATE OF PAY (NOTE HOURLY OR ANNUAL)</b>		RATE	TOTAL PAYMENT
DAILY IN / OUT	WEEKLY	<b>WORK SCHEDULE (WEEKLY TOTAL)</b>		DAILY IN / OUT (specify time)	
FUNDING DEPARTMENT #	<input type="checkbox"/> C&G*	<b>APPROPRIATION PAID FROM</b>		FUNDING DEPARTMENT #	<input type="checkbox"/> C&G** <input type="checkbox"/> E&G
			<b>FULL TIME EQUIVALENCY (FTE)</b>		

\*Primary department should check if employee is C&G for primary employment

\*\* All C&G funding requires review by Office of Research & Commercialization Compliance prior to submittal to Human Resources.

PROVIDE DETAILS OF DUTIES TO BE PERFORMED IN SECONDARY EMPLOYMENT and EXPLANATION/JUSTIFICATION OF EMPLOYMENT. (Attach additional sheets if necessary).

**SECONDARY EMPLOYER** Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

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

**EMPLOYEE** Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

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.

**PRIMARY EMPLOYER** Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

**DEAN/DIRECTOR OF PRIMARY DEPARTMENT** Authorized Signature \_\_\_\_\_

**Must be on Authorized Signature List** Print Name \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE OF RESEARCH AND COMPLIANCE:** Signature \_\_\_\_\_ Date \_\_\_\_\_  
**ACKNOWLEDGEMENT**

Print Name \_\_\_\_\_

This section must be completed for grants.

Questions involving ePAFs may be directed to [Records@ucf.edu](mailto:Records@ucf.edu)