

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

*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

Print Name _____ Authorized Signature/Date _____

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

Print Name _____ Signature/Date _____

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

Print Name _____ Authorized Signature/Date _____

DEAN/DIRECTOR OF PRIMARY DEPARTMENT (Must be on authorized signature list.)

Print Name _____ Authorized Signature/Date _____

OFFICE OF RESEARCH AND COMPLIANCE (Must be signed if the funding is from a grant or project.)

Print Name _____ Authorized Signature/Date _____

Questions involving ePAFs may be directed to Records@ucf.edu