

**UNIVERSITY OF CENTRAL ARKANSAS
CONCURRENT EMPLOYMENT INFORMATION**

NOTE: This form must be completed and attached to each Personnel Action Form requesting appointment or change.

Name _____ Social Security No. _____

CAUTION: Under Arkansas Code 6-63-307 (b) Any employee knowingly violating the provisions of this section shall be subject to immediate termination and shall be barred from employment by any agency or institution of the State of Arkansas for a period of not less than three (3) years or until such employee shall repay to the State of Arkansas any sums received by such employee in violation of this section, together with interest at a rate of ten percent (10%) per annum.

Will you be employed **during the period of this PAF** in any other roles or assignments with UCA or with other State Agencies or Institutions? (Including additional teaching assignments, part-time work and temporary project assignments.)

___ NO If no, please provide signature and date below.
 ___ YES If yes, please provide specific information below. Attach additional sheet if necessary.

<u>Work location,</u> <u>Dept/Employer</u>	<u>Employment</u> <u>Period</u>	<u>Work Schedule</u> <u>Days/ Hours</u>	<u>Assignment</u> <u>Salary</u>
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Example:			
<u>UCA Music</u>	<u>1/13/05 – 5/06/05</u>	<u>T,Th 8 a.m.-1:00 p.m.</u>	
<u>UCA Music</u>	<u>1/13/05 – 5/06/05</u>	<u>MWF 9-11 a.m.</u>	<u>\$25,000</u>
<u>UALR Music</u>	<u>1/13/05 – 5/06/05</u>	<u>MWF 2-4 p.m.</u>	<u>\$ 5,200</u>

Please list your UCA teaching schedule as well as your concurrent employment schedule.

I understand that concurrent employment must be approved by the State Office of Personnel Management **prior** to my beginning employment.

Signature _____ Date _____

As Chair/Dean/Dept. Mgr., I acknowledge that I am aware that the above-mentioned person is employed elsewhere and that there is no conflict with the assigned work schedule at UCA.

Chair/Dean

Date

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment _____
Change in Status _____
Termination _____

Regular _____
Extra Help _____
Emergency Hire _____

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID		
A1. PROPOSED STATUS			B1. PRESENT STATUS			
1. College/Division						
2. Primary Dept. Name						
3. Title of Position						
4. Employment Status	Grade	Full-time _____	Part-time _____ %	Grade	Full-time _____	Part-time _____ %
5. Salary	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____
6. Academic Term Designations	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____

A2. PROPOSED SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

B2. PRESENT SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: _____

2. Person being replaced: _____ 3. Is this a Tenure Track position? _____ Yes _____ No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

Hiring Unit/Department Chair	Date	HUMAN RESOURCES OFFICE ONLY	
Dean of College	Date		Job Code: _____ Title Code: _____ Schedule: _____
Vice President	Date		Concurrent Approved: _____ Date: _____
Human Resources	Date	PAYROLL OFFICE ONLY	
Budget Office	Date	Entered by: _____ Date: _____	
President	Date		