

Arkansas Division of Higher Education

Concurrent Employment and Other Compensation Request

Employee's Name:	Type of Request: Conc	urrent:	Other Compensation:
<u>INSTRUCTIONS</u>	PRIMARY EMPLOYER	SECONDA	ARY EMPLOYER
Employer			
Address		_	
Phone Number		_	
Contact Person		_	·
Email Address			-
Job Title		_	-
Line Item Number		_	
Pay Grade		_	
FLSA Status	Exempt Non Exempt	Exempt	t Non Exempt
Salary		_	
Line Item Max		_	
Employment Dates		_	
Work Days		_	
Work Times			
Duties Performed and Explanation/Justification			
The submission of this request to the C	Commissioner of the Division of Higher Education	certifies that	t:
(1) The additional duties performed for required performance of the employee	r the secondary employer by the employee nam 's primary duties;	ed herein wil	Il not interfere with the proper and
	ll be in compliance with applicable provisions of t e will take accrued leave, or work make-up time		
line-item position authorized for either	om the secondary and primary employers will no agency/institution from which the employee is b ant to Arkansas Code Annotated 19-4-1604(b) w	oeing paid(un	nless the employee is secondarily
Check here if ACA 19-4-1604	(b) is applicable		
Signature of Primary Approving Authority	Sign	nature of Seco	ondary Approving Authority
Arkansas Division of Higher Education			
Based on the information provided ADHE	recommends that this request be:		
	Approved	Denied _	
Administrator, Division of Higher Education	n		Date
ACTION TAKEN:			
And the A Commission of	Approved	Denied	
Assistant Commissioner			Date
Division of Higher Education			