

Arkansas Division of Higher Education

Concurrent Employment and Other Compensation Request

Employee's Name:		Type of Request: (Concurrent:	Other Comp	ensation:	
INSTRUCTIONS	PRIMARY EMPLOYER		SECO	NDARY EMPLOYER		
Employer						
Address						
Phone Number						
Contact Person						
Email Address						
Job Title						
Line Item Number						
Pay Grade						
FSLA Status	Exempt	Non Exempt	Exe	mpt No	n Exempt	
Salary						
Line Item Max						
Employment Dates						
Work Days						
Work Times						
Duties Performed and Explanation/Justification						
The submission of this request to the [Director of the Divisio	n of Higher Education	certifies that:			
(1) The additional duties performed for required performance of the employee		loyer by the employee	named herein	will not interfere w	ith the proper and	í
(2) All wages paid to the employee wi to, over time provisions. The employe with primary hours of work; and,						
(3) The combined salary payments fringe-item position authorized for either employed in a teaching position pursua	agency/institution fr	om which the employe	e is being paid	d(unless the employ	ee is secondarily	the
Check here if ACA 19-4-1604	(b) is applicable					
	·	-				
Signature of Primary Approving Authority			Signature of	ature of Secondary Approving Authority		
Arkansas Division of Higher Education						
Based on the information provided ADHE	recommends that this i	request be:				
		Approved	Denied			
Administrator, Division of Higher Educatio	n			Date	e	
ACTION TAKEN:						
		Approved	Denied			
Commissioner, Division of Higher Education	ın			Da	te	
Revised 6/2023						