



University Staff Additional Work Approval Form

Please attach approved form to Workday Period Activity Pay or One Time Payment Request. The request is only for the current fiscal year, not ongoing.

Section I: Activity Type (select one)

Service Non-Credit Instruction Credit Instruction (non-faculty)

Section II: Employee Information

Employee Name: _____ Penn ID: _____

Job Title: _____ Office Phone: _____

Department: _____ Email: _____

Reg. Working Hours(days/times): _____

Section III: Additional Work Activities

School/Center	Department	Job Title	Rate of Pay

Begin and End Date of Additional Work Activity	Working Hours (Days and Times)

Duties To Be Performed In Additional Work

Supervisor of Additional Work	Additional Work Business Office Contact (Name and E-mail)

Section IV: Certification & Approvals

Supervisor: The employee has my approval to perform the additional duties described above. This employment relationship does not involve a conflict of interest with the employee's regular assigned duties and will not involve the use of the primary employer's space, equipment or supplies. An overtime rate will be paid if any employee is non-exempt in their primary position for combined worked hours in excess of 40 hours during a work week. Duties that are associated with the employee's primary position and included in the employee's position description are not eligible for additional compensation under this policy.

Employee: I voluntarily agree to the hours and rate of pay indicated above. I certify that the duties described above are outside of the duties associated with my primary position and that the hours indicated above are outside of my normal work schedule. I understand that if the additional work does not fall outside my normal work hours, paid time off must be taken. Finally, I understand that the University reserves the right to terminate this employment activity at will.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____