



# Supplemental Employment Hiring Form

Please provide the name and current employment information for the employee who will be hired for a supplemental position.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Current Department/Division: \_\_\_\_\_

If supplemental assignment duties will be completed during regular business hours, the employee's supervisor is required to approve the supplemental assignment by signing this form, below.

Manager's Name: \_\_\_\_\_ Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Supplemental Employment Assignment Details:

Assignment Start Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_ Reports To: \_\_\_\_\_

### Explanation of Duties for Supplemental Employment Assignment:

### Method of Payment for Supplemental Assignment:

Time Card Required: Employee must enter hours on a daily basis in the HCM Cloud.

Bi-Weekly Payments: Compensation is stated as a bi-weekly rate/amount.

One-time Payment: Compensation is paid at the end of the supplemental position assignment.

Hourly Compensation Rate: \$ \_\_\_\_\_ Total Payment: \$ \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

**Account Chart Fields:** Failure to provide a valid chart field combination and/or funded chart field may delay processing of the supplemental employment process.

Fund  Class  Dept. ID  Program  Project/Grant  Account