

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	RY EMPLOYER
Employer			
Address		_	
Phone Number		_	
Contact Person			
Email Address		_	
Job Title		_	
Line Item Number Pay		_	
Grade		_	
FLSA Status	Exempt Non Exempt	Exempt	Non Exempt
Salary		_	
Line Item Max		_	
Employment Dates		_	
Work Days		_	
Work Times			
Duties Performed and Explanation/Justification			
•	Commissioner of the Division of Higher Education		
(1) The additional duties performed fo required performance of the employee	r the secondary employer by the employee nam 's primary duties;	ed herein will	I not interfere with the proper and
	Il 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	being paid(un	less 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:			
	Approved	Denied _	
Assistant Commissioner			Date
Division of Higher Education			