

Request for Additional Employment in Excess of 100% Effort

Permission is requested to employ the Texas A&M University at Galveston employee identified below on a temporary or intermittent basis in addition to his/her **full-time** employment. Please reference TAMUS Regulation 33.99.06, Administration of Multiple and Dual Employment and Standard Administrative Procedure 31.01.99.M0.02, Approval Procedures for Supplemental Compensation and Dual Employment for more information. The requested additional employment will not interfere nor will it conflict with the individual's current position and responsibilities. **FULL-TIME is defined as 100% effort for the purposes of this form.**

Name _____

Full-Time Staff Member

UIN _____

Full-Time Faculty Member

Current Full-Time Employment	Requested Part-Time Employment
Dept: _____	Dept: _____
ADLOC: _____	Account #/Worktag: _____
Title: _____	Title: _____
PIN: _____	Duration: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fiscal Year
Rate of pay \$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> monthly	Rate to be paid \$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> monthly
	Total to be paid \$ _____

Funding currently available in Account #/Worktag _____

Requesting funding in the amount of \$ _____

Reason for request (provide a description of additional duties below):

Teaching outside of normal course load

University-level committee (must be very specific, time consuming, labor intensive, above and beyond normal expected work within the dept)

A Flex Schedule has been provided to the supervisor to reflect that this part-time employment will not conflict with the individual's current position and responsibilities. Supervisor signature below certifies that a copy has been received.

TAMUG's policy regarding overtime will apply, if applicable.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Current Department Head Signature _____ Date _____

Requesting Department Head Signature _____ Date _____

AVP Academic Affairs & CAO Signature (AA only) _____ Date _____

Send to Vanessa Garza in the Budget Office to assign an In Excess # and route for the remaining signatures.

AVP for Budget and Finance Signature _____ Date _____

Vice President & COO Signature _____ Date _____

Executive Director of Human Resources Signature _____ Date _____

When entering the one-time payment in Workday, make sure to add the In Excess # above in the comments.