

Additional Assignment Authorization Form

Per USF's [additional pay policy](#) and [staff who teach policy](#), full-time, exempt staff who assume additional assignments during their regularly scheduled working hours must request authorization first by submitting this completed form to humanresources@usfca.edu.

Staff Member's Primary Position Information

Name: _____ Title: _____

Department: _____ Supervisor: _____

Schedule (i.e. days, hours): _____

Additional Assignment Information

Department/Employer: _____ Start Date: _____

Length of Assignment: _____ End Date: _____

Schedule (i.e. days, hours): _____

Type (select one):	<input type="checkbox"/> Staff Teaching Assignment	<input type="checkbox"/> Assignments Performed for Another Dept.
	<input type="checkbox"/> Non-Teaching Duties Related to Teaching	<input type="checkbox"/> Other Payments: Honorariums
	<input type="checkbox"/> Out-of-Classification Assignments	<input type="checkbox"/> Other Payments: Non-Earnings

Assignment Description: _____

Please describe how you will continue to meet your work responsibilities for your primary position as a full-time, exempt staff member (use back of form if necessary):

Signatures

By signing below, I hereby certify that I have read, understand, and agree to the terms and conditions of USF's [Outside Employment Policy in the Staff Handbook](#) and [Additional Pay Policy](#) and/or the [Staff Who Teach Policy](#).

Employee's Signature

Date

By signing below, I hereby certify that I have read and understand USF's [Outside Employment Policy in the Staff Handbook](#) and [Additional Pay Policy](#) and/or the [Staff Who Teach Policy](#), and I approve of this arrangement.

Supervisor's Signature

Date

Supervising Dean's/Vice President's Signature

Date