WORK IN OTHER DEPARTMENT

This form is to be used when an employee performs services in a department other than his/her regular (home) department. Please see HR Policies  6.10, 6.11, 6.12 and 6.22.

**This section must be completed in order to obtain authorization for an employee to perform work in another department.**

All signatures and Compensation approval, if necessary, must be obtained prior to the work being performed.

**Home Department Information:**

Dept: ___________________________ submitted by: ___________________________ Phone: ___________________________

EMPLOYEE’S NAME: ___________________________ Job Title: ___________________________ Pay Grade: ___________________________

Current rate of pay ___________________________  
LIFE NUMBER: ______________  Shift/Scheduled Hours: ______________ Weekly  Biweekly *  
(See #3 Below)

Current salary source for employee: ___________________________ Salary source % ___________________________

Fund/Cost Center Owner: ___________________________ Date: ___________________________

Department Head/Administrator: ___________________________ (Signature) ___________________________ (Print) ___________________________ Date: ___________________________

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This section is to be completed by employee and the department where the supplemental work was performed.

**Work In Other Department Information:**

**Department Name:** ___________________________ (Department in which supplemental work is performed)

1) Summary of duties to be performed:

________________________________________________________________________________________________________________________________________________________

2) For biweekly Hospital employees, attach Compensation Approval of pay rate; for School employees, approval from Caryn Tiger-Paillex (Human Resources) is required

3) **Week Ending Date:** ______________

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<tr>
<th>Salary Source for Work Performed</th>
<th>Date Worked</th>
<th>Hours From</th>
<th>Hours To</th>
<th>Total Hours</th>
<th>Payroll Use Only</th>
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Employee: ___________________________ (signature) ___________________________ (print) ___________________________ Date: ___________________________

Authorization of Fund/Cost Center Owner: ___________________________ ___________________________ Date: ___________________________

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WIOD Form (2) (2) Revised Created on 4/20/2007
Human Resources Authorization: __________________________  __________________________
  (Signature)                                           (Print)                  Date:

Finance Approval: __________________________           __________________________
  (Signature)                                           (Print)                  Date: _________

* Weekly employees will be paid in accordance with applicable overtime rules.