

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: _____

(Signature)

(Print)

Department Head/Administrator: _____ Date: _____

(Signature)

(Print)

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: _____

Salary Source for Work Performed	Date Worked	Hours From	Hours To	Total Hours	Payroll Use Only

Employee: _____ Date: _____

(signature)

(print)

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

(Signature)

(Print)

Human Resources Authorization: _____

Date: _____

(signature)

(print)

Finance Approval: _____

(Signature)

(Print)

Date: _____

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