 **Secondary Assignment Request/Approval Form**

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| **Employee Name (please print):** | **Employee # :** |
| **Business Unit Contact Name:** | **Business Unit Contact E-Mail:** |

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| **Compensation Use Only:** | | | | |
| **Secondary Assignment Title:** | **Approved Rate\*:**  **Exempt  Non-Exempt**  **Mark N/A if dept. determines rate:** N/A | **WC Code:**  **DL**  **( D  E  CDL)** | | **Analyst Signature and Date:** |
| **Contract Dates:** | | | **Effective Date:** | |
| **Secondary Assignment Job Type:**  **Seasonal**   **Sporadic** **Faculty**   **Other:** | | | | |
| **\*If secondary-assignment duties are same as in primary position, this rate will be the employee’s regular primary rate. If secondary work is different from work performed on the primary position, a different rate will be established by Compensation, and any overtime due will be based on “time in effect,” or the rate the employee is being paid at the time overtime occurs.** | | | | |

**IMPORTANT! Non-exempt employees may not earn CTO if they hold active secondary assignments. If the employee has elected CTO accrual for his/her primary assignment, the election will be changed to Overtime instead once the secondary assignment is approved and processed into MAP.**

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| **Secondary Assignment Information and Supervisor Signature (To be completed by the secondary assignment supervisor)** | | | | | |
| Secondary Organization (from MAP): | | | | | |
| Is this an existing position in MAP? Yes No  If Yes, please provide title and position number: | Hourly rate of pay or salary: | | | Requested date job will be effective (Must not be retroactive): | |
| Funding String (GL or POETA): | | | | | |
| Work Location: | | | Check Distribution Point: | | |
| Total # of hrs. employee will work in this assignment each week: | | | | | FTE: |
| Secondary Assignment Work Schedule:  Days of Week: Start time/end time: Contract Dates: | | | | | |
| Please provide the 5 key duties/responsibilities of this secondary assignment: | | | | | |
| Secondary Supervisor’s Name, Employee # and Job Title as they appear in MAP/Oracle:  Name: Employee #: Position Title & Number: | | | | | |
| Secondary Assignment Supervisor’s Signature: Date: | | | | | |
| Approved: Dean/Director/VP/Designee Signature (if required): Date: | | | | | |
| **Primary Assignment Information and Supervisor Approval (To be completed by the primary position supervisor)** | | | | | |
| Primary Organization (from MAP): | | | | | |
| Primary Position Title & Number (from MAP): | | Is the primary position:  Non-exempt (eligible for overtime compensation)  Exempt (not eligible for overtime compensation) | | | |
| Primary Position Job Type:  Classified  Non-classified  Faculty | | Primary Assignment Work Schedule:  Scheduled Hours/FTE:  Contract Months: | | | |
| Secondary assignment as described below is:  Approved Not Approved  If not approved, please list reason(s) for denial of request: | | | | | |
| Primary Position Supervisor’s Name, Employee # and Job Title as they appear in MAP:  Name: Employee #: Position Title & Number: | | | | | |
| Primary Position Supervisor’s Signature: Date: | | | | | |
| Dean/Director/VP/Designee Signature (if required): Date: | | | | | |
| **Employee Agreement and Signature** | | | | | |
| Employee Certification: By signing below, I acknowledge that I understand the importance of my primary position at WVU and that my secondary assignment is not to have any negative impact on nor create any conflict of interest for my primary WVU position. The information given above is complete and accurate regarding my secondary assignment. I agree to work in this assignment for the rate established by Talent & Culture (T&C), per the rate and any calculations/methods noted below. I understand: 1) that I may not work in the secondary assignment until T&C sets a rate and pay title; 2) that I must meet the minimum job qualifications for the position as established by T&C for this assignment; 3) that my secondary assignment may be terminated at any time if it is determined that it is having an adverse impact on my primary position; 4) that it is my responsibility to immediately notify my primary position supervisor and amend this form if there are any assignment or scheduling changes made to my secondary assignment; and 5) that I may not elect or receive CTO in my primary position if I hold this secondary assignment.  Employee Signature: Date: | | | | | |