



Department of Transformation and Shared Services
Office of Personnel Management
Concurrent Employment Request

| | | | | | |
|------------------|---|------------------|---|-----------------------|-------|
| Employee's Name | _____ | Personnel Number | _____ | Primary Business Area | _____ |
| | PRIMARY EMPLOYER INFORMATION | | SECONDARY EMPLOYER INFORMATION | | |
| Employer | _____ | | _____ | | |
| Address | _____ | | _____ | | |
| Phone Number | _____ | | _____ | | |
| Contact Person | _____ | | _____ | | |
| E-mail Address | _____ | | _____ | | |
| Job Title | _____ | | _____ | | |
| Position Number | _____ | | _____ | | |
| Pay Grade | _____ | | _____ | | |
| FLSA Status | <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | | <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | | |
| Salary | _____ | | Proposed Salary _____ | | |
| Line Item Max | _____ | | _____ | | |
| Employment Dates | _____ | | _____ | | |
| Work Days | _____ | | _____ | | |
| Work Times | _____ | | _____ | | |

| | |
|--|---|
| <p>DUTIES PERFORMED AND EXPLANATION/JUSTIFICATION</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> | <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
|--|---|

The submission of this request to the Transformation and Shared Services Secretary certifies that:

- (1) The additional duties performed for the secondary employer by the employee named herein will not interfere with the proper and required performance of the employee's primary duties;
- (2) All wages paid to the employee will be in compliance with applicable provisions of the Fair Labor Standards Act including, but not limited to, over time provisions. The employee will take accrued leave, or work make-up time, for any secondary hours worked that are in conflict with primary hours of work; and,
- (3) The combined salary payments from the secondary and primary employers will not exceed the larger maximum annual salary of the line-item position authorized for either agency/institution from which the employee is being paid (unless the employee is secondarily employed in a teaching position pursuant to Arkansas Code Annotated 19-4-1604(b) which allows employees to teach temporarily.

Check here if ACA 19-4-1604(b) is applicable

Signature of Primary Approving Authority

Signature of Secondary Approving Authority

DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES

Based on the information provided, OPM recommends that this request be: **Approved**
 Denied

OPM Director

ACTION TAKEN:

TSS Secretary

Approved _____
 Denied Date _____