**ADDITIONAL/CONCURRENT ASSIGNMENT REQUEST**

**HR 101-S FORM**

(HR 101-S is not required if both current and additional assignments are Unit 3)

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| **PART I: EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee’s Name** (Last, First, MI) | | | | | | | | | | | | | | | | | | | **Employee ID** | | | | | | | **Recruitment #** (if applicable) | | | | |
| **PART II: POSITION/ ASSIGNMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL ASSIGNMENT** | | | | | | | **Effective Date** | | | | **Ending Date** (if temp) | | | | | | **College/Division** | | | | | | | | **Department** | | | | | **Dept ID** |
| **Working Title** (Optional) | | | | | | | | | | | **Job Classification** (CSU Title) | | | | | | | | | | | **Job Code** | | | **Skill Level** (if applicable) | | | | | **Grade/Range** |
| **FTE/Time Base**        (0.0 to 1.0) | | **Base Salary Rate**  $      per Mo Hr | | | | | | | | | **Actual Salary Rate**        per  Mo  Hr | | | | | | | | | | | **Collective Bargaining Status**  Represented – Unit:      Non-Represented | | | | | | | | |
| **Position No** | | **FLSA Status**  Exempt  Non-Exempt | | | | | | | | | **Position Pool ID** | | | | **Unit** (Paycheck Delivery) | | | | | | | **Position Funding Form – Completion required**  <http://afd.calpoly.edu/budget/forms/Position_Funding_Form.docx> | | | | | | | | |
| **Supervisor** | | | | | **Ext** 6 - | | | | **Reports to** | | | | | | | | | **Pos # -** | | | | **HR 101S Completed by:** | | | | | | | **Ext** 6 - | |
| **Special Conditions**:  Fingerprinting  Drug Testing License(s)/certificate(s) - if checked, submit copy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT ASSIGNMENT** | | | | | | | **End Date** (if temp) | | | **College/Division** | | | | | | | | | | | **Department** | | | | | | | | **Dept ID** | |
| **Working Title** (Optional) | | | | | | | | | | **Job Classification** (CSU Title) | | | | | | | | | | | **Job Code** | | | **Skill Level** (if applicable) | | | | | **Grade/Range** | |
| **FTE/Time Base**        (0.0 to 1.0) | | | **Base Salary Rate**  $      per Mo Hr | | | | | | | **FLSA Status**  Exempt  Non-Exempt | | | | | | | | | | | **Collective Bargaining Status**  Represented – Unit:      Non-Represented | | | | | | | | | |
| **PART III: SIGNATURES/APPROVALS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Employment Policy and Overtime** *(Unit 3 and Unit 4 positions: See collective bargaining agreement for additional assignment provisions)*:  Employees may be allowed to work up to 125% time base under certain circumstances. However, when an employee holds multiple positions that exceed full-time, contractual provisions and overtime requirements of the Fair Labor Standards Act (FLSA) may apply\*:   1. **Represented, Non-Exempt Employees**\*\* – Overtime is required for ALL hours paid in excess of 40 in a workweek. 2. **Non-represented, Non-Exempt Employees**\*\* – Overtime is required for hours paid in excess of 40 in a workweek if the additional assignment is NOT substantially different from the employee’s primary assignment. Overtime is NOT required for an additional assignment on an occasional or sporadic basis that is substantially different from the primary assignment. 3. **Exempt (Represented or Non-represented)** – No overtime is required if an exempt employee holds an additional exempt assignment that is unrelated to the employee’s primary assignment. **Note:** additional exempt assignment is not permitted if **related** to employee’s primary assignment. 4. **Exempt Employee Performing Non-exempt Work** – Overtime is required if a represented exempt employee holds an additional non-exempt position. No overtime if the exempt and non-exempt positions are both non-represented and the additional non-exempt assignment is on a sporadic basis. If either assignment is represented, overtime requirements apply.   \*Overtime provisions apply only when an employee holds concurrent state positions; however, the CSU Additional Employment Policy maximum of 125% time base applies to all CSU state and CSU auxiliary employment.  \*\*Includes Exempt employees who are Non-Exempt for payroll purposes, e.g., most hourly & certain part-time Exempt employees; contact HR for guidance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **We, the undersigned,** have read the above and understand the possible overtime and budgetary implications of this additional assignment. We also verify the assignment deemed secondary will not interfere with the employee’s primary assignment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL ASSIGNMENT DEPARTMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Budget Specialist** | | | | | | **Name** | | | | | | | | **Title** | | | | | | | | | **Signature** | | | | | | **Date** | |
|  | | | | | | This certifies a thorough budgetary review was conducted to ensure sufficient funds are available. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Head of Department**  (Director, Dept Head/Chair) | | | | | | **Name** | | | | | | | | **Title** | | | | | | | | | **Signature** | | | | | | **Date** | |
| **Dean/Division Head** | | | | | | **Name** | | | | | | | | **Title** | | | | | | | | | **Signature** | | | | | | **Date** | |
| **Provost**  (Academic Affairs depts only) | | | | | | **Name** | | | | | | | | **Title** | | | | | | | | | **Signature** | | | | | | **Date** | |
| **CURRENT ASSIGNMENT DEPARTMENT** (do not complete if same as above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Budget Specialist** | | | | | | **Name** | | | | | | | **Title** | | | | | | | | | | **Signature** | | | | | | **Date** | |
| **Head of Department**  (Director, Dept Head/Chair) | | | | | | **Name** | | | | | | | **Title** | | | | | | | | | | **Signature** | | | | | | **Date** | |
| **Dean/Division Head** | | | | | | **Name** | | | | | | | **Title** | | | | | | | | | | **Signature** | | | | | | **Date** | |
| **Provost**  (Academic Affairs depts only) | | | | | | **Name** | | | | | | | **Title** | | | | | | | | | | **Signature** | | | | | | **Date** | |
| **HUMAN RESOURCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOJ Cleared | FBI Cleared | | | Prob Per  1y 2y N | | | | Prob Ends | | Perm Elig | | SSI (mo/yr) | | | | MPP Job Code  \_\_ - \_\_\_\_ - \_\_ | | | | HR Mgr Signature | | | | | | | Date | Empl Rc’d | Doc’d y/Date | |
| HR 101 S Rev (12/2019) | | | | | | | | | | | | | | | | | | | | | | | | | | | | AP Copy (if R03): | | |

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