

Augusta University
AUTHORIZATION FOR EXTRA DUTY EMPLOYMENT

Section I

1. TO:		
2. Printed Name of Extra Duty Employee & ID #	3. Signature	4. Date
<p>Permission is requested to work in an extra duty capacity in the department indicated below. This additional work will not interfere with, or adversely affect the performance of the duties of my regular job. If permission to perform extra duty is approved I understand and agree that this permission will be withdrawn if at any time the extra duty interferes with my regular job. I also understand and agree that any additional work (beyond the normal work commitment) of my regular job will take precedence over extra duty employment.</p>		
5. Extra Duty Department Name & Department ID	6. Name and Telephone Number of Extra Duty Supervisor	
7. Beginning date of extra duty period	8. Ending date of extra duty period	
9. Maximum extra duty hours per day (if non-exempt)	10. Maximum extra duty hours per week (if non-exempt)	
11. Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> (subject to limitations indicated in spaces 9 and 10 above).		
12. Printed Name of Home Dept./Div Supervisor	13. Home Dept Supervisor Signature	14. Date

Section II

<p>TO: Human Resources Division - The employee, whose name appears in box 2 above, is authorized to perform extra duty in this department during the period indicated in boxes 7 and 8 above. Dates and hours of work will be scheduled by the supervisor whose name appears in box 6 above.</p>		
15. Extra Duty Job Title	16. Extra Duty Payment Fund Source	
17. Agreed Extra Duty Rate	18. Shift Differential Rates Evening_____ Night_____ _____ None	
19. Weekend Premium Rate _____ None	20. Overtime Rate	
The rates of pay and conditions of employment stipulated above have been agreed upon by undersigned.		
21. Printed Name of Extra Duty Supervisor	22. Signature	23. Date
24. Printed Name of Extra Duty Dept. Approving Official	25. Signature	26. Date
27. Printed Name of Extra Duty Employee	28. Signature	29. Date

Section III

(To be completed by Human Resources Division only)

30. HUMAN RESOURCES REPRESENTATIVE	31. Signature	32. Date
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Instructions

Section I to be completed by employee requesting permission to perform extra duty and employee's current supervisor:

- Box 1 Enter the name of employee's current supervisor and home department (or Division).
- Box 2 Enter full name of Extra Duty Employee and their employee ID # (if known).
- Box 3 & 4 Extra Duty Employee completes box 3 and 4.
- Box 5 Enter name of extra duty department (or Division) and Department ID.
- Box 6 Enter name and telephone number of the person who will supervise the extra duty work.
- Box 7 Enter the earliest date on which extra duty work will be performed.
- Box 8 Enter the latest date that extra duty work will be performed. (It is recommended that extra duty not be authorized for more than 6 months at a time).
- Box 9 & 10 Enter the maximum number of extra duty hours that employee is authorized to work per day and per week..
- Box 11 Home department supervisor checks either approved or disapproved and completes boxes 12 – 14.
- Box 12 Enter the name of employee's home department supervisor. Department Supervisor signs box 13.

Section II to be completed by extra-duty department and employee requested to perform extra-duty:

- Box 15 Enter the most appropriate title for the work being performed. For assistance, call the Compensation & Performance Management Section (706-721- 5707) for determination of appropriate title.
- Box 16 Enter the chart field combination indicating the fund source for the extra duty work being performed.
- For assistance with rates for Boxes 17-20, please call the Compensation & Performance Section (706-721-5707) for assistance.
- Box 17 Enter the agreed extra duty rate. This rate must be within the limits established in MCG Administrative Policy 1.4.02 "Employment of Extra Duty Personnel". Please call the Compensation and Performance Management section for determination of appropriate assignment rate for **exempt** employees.
- Box 18 Enter the agreed (and authorized) evening and night shift differential rates. If shift differential is not authorized place an X in the "none" box.
- Box 19 Enter the agreed (and authorized) weekend premium rate. If weekend premium is not authorized place an X in the "none" box.
- Box 20 Enter the agreed (and authorized) overtime rate. For non-exempt employees the overtime rate will be 1 ½ times the regular extra duty rate (box 17). Exempt employees are not eligible for overtime.
- Box 21 Enter the name of Extra Duty Supervisor. Extra Duty Supervisor signs box 22 and enters date in block 23.
- Box 24 Enter the name of the Extra Duty Departmental Approving Official (this will be the name of the person authorizing payment for the extra duty work being requested. Approving Official signs blocks 25 and enters date in block 26.
- Box 27 Enter the name of Extra Duty Employee. Extra Duty Employee signs block 28 indicating that he/she agrees to the rates of pay and stipulations of employment indicated above.

Human Resources will complete boxes 30, 31 and 32.