

| Employee Name | Employee ID | Initiator Name | Phone | Date | | |
|---|--|-----------------------------|--|-------------|-------------|--|
| Primary Employment Activities | | Dates of Employment: | | | | |
| Department/Unit | Dept ID | Salary Plan | Job Title | Rate of Pay | FTE | Regular Working Hours <small>(Days and Times)</small> |
| | | | | | | |
| Secondary Employment Activities | | Dates of Employment: | | | | |
| Department/Unit | Dept ID | Salary Plan | Job Title | Rate of Pay | FTE | Regular Working Hours <small>(Days and Times)</small> |
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| <small>Note: One-time payments for superior performance are not permissible on many restricted funding sources such as fund codes 201 or 209. Supervisors should consult with their assigned Grant Accounting team member to determine whether or not a one-time payment is permissible by the funding source prior to communicating or approving a request for a one-time payment for superior performance.</small> | | | Grants Accounting Approval: (Required only for 201/209 Funds) | | | |
| DUTIES TO BE PERFORMED IN THE SECONDARY EMPLOYMENT ACTIVITY | | | | | | |
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| Approvals: <i>The employee has my approval to perform the additional duties described above which will not be performed during the employee's working hours. This employment relationship does not involve a conflict of interest with the employee's regularly assigned duties and will not involve the use of the primary employer's space, personnel, equipment, or supplies. An overtime rate will be paid if any employee is non-exempt in their primary position for combined hours worked in excess of 40 hours during a work week. Duties that are associated with the employee's primary position and included in the employee's position description are not eligible for additional compensation under this policy.</i> | | | | | | |
| | Supervisor/Department Chair Signature | Date | Dept Head/Dean/ Director Signature <small>(DEAN REQUIRED FOR FACULTY APPOINTMENTS)</small> | | Date | |
| P | | | | | | |
| | Supervisor/Department Chair Signature | Date | Dept Head/Dean/ Director Signature <small>(DEAN REQUIRED FOR FACULTY APPOINTMENTS)</small> | | Date | |
| S | | | | | | |
| TO BE COMPLETED BY EMPLOYEE | | | | | | |
| <small>I voluntarily agree to the hours and rate of pay indicated above. I certify that the duties described above are outside of the duties associated with my primary position and that the hours indicated above are outside of my normal work schedule. I understand that university reserves the right to terminate this employment activity at will.</small> | | | | | | |
| Employee Signature: | | | | | Date: | |
| TO BE COMPLETED BY HUMAN RESOURCES | | | | | | |
| Approved by: | | Signature | | | Date | |
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Instructions for Completing the HR-600 Form

USPS, TEAMS, and Faculty are considered benefit eligible salary plans and appointing an employee to more than one of these salary plans is not permitted. Primary employment to USPS, TEAMS, or Faculty can only be combined with secondary appointments in the OPSN, OPSE, OF12, or OF09 salary plans.

The secondary employer is responsible for ensuring that the form is complete and accurate. Assignments/payments will not be authorized until the form has been approved and signed by the appropriate offices.

1. The employee and primary employer must complete and sign the “Employee Signature” and “Primary Employer” portions of this form.
2. For all faculty appointments, primary employer Dean or Designee signature required
3. The completed form must be submitted to the appropriate personnel office for final approval.

For all appointments/payments send completed and signed form via email at HR600Request@ad.ufl.edu or by mail to Human Resources, PO Box 115002, 903 West University Avenue Gainesville, FL 32611-5001

Please note that this form does not accomplish payment. It simply provides authorization for payment from the University of Florida only. For more information about processing and payment, please visit our web site at www.hr.ufl.edu or contact us by phone at (352) 392-2477.