



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	_____	_____

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

Approved _____
 Denied _____ Date _____