
Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

Approvals must be obtained **PRIOR** to service(s) being performed.

ATTN Payroll: SM FA BW ST

Employee Providing Service(s): _____ **Banner ID:** 800 _____

EE Department: _____ **EE Dept. Head:** _____

Person Requesting Service(s): _____

Requesting Department: _____ **Req. Dept. Head:** _____

Amount to be Paid: \$ _____ **Paid From:** _____ **Fiscal Officer:** _____

Begin Date: ___/___/_____ **End Date:** ___/___/_____ **Hours Worked/Wk.:** _____ over _____ weeks

Describe service(s) to be performed and indicate specific reason(s) for selecting this employee to provide the service(s). Attach a separate sheet if necessary.

For NON-EXEMPT Employees Only

It is hereby agreed and understood that when _____ works for Southern Illinois University Edwardsville in their regular capacity as a(n) _____, they will be paid \$ _____ per hour for all straight-time hours worked and \$ _____ for all overtime hours worked. It is further agreed and understood that whenever the work for the University in the secondary capacity of a(n) _____, they will be paid \$ _____ per hour for all straight-time hours worked and \$ _____ for all overtime hours worked. In any week where hours worked in their regular capacity equal or exceed a full-time workweek, all hours worked in their secondary capacity will be paid at time and one-half their straight-time rate for that secondary position, if applicable.

Conflict of Duties - For Employee to Complete

This assignment will not conflict with the duties or regular work hours of work for the employee's primary position with the University.

This assignment will conflict with the duties and/or regular work hours of the employee's primary position with the University. Arrangements have been made and permissions granted by their primary work to allow them to complete this assignment.

Supervisor Signature: _____ **Date:** ___/___/_____

Home Unit Head Signature: _____ **Date:** ___/___/_____

Employee Signature: _____ **Date:** ___/___/_____

Fiscal Officer Signature: _____ **Date:** ___/___/_____

Req. Unit Head Signature: _____ **Date:** ___/___/_____

HR Payroll Only

Entered by: _____ **on** ___/___/_____

Checked by: _____ **on** ___/___/_____