

## Additional Assignment Authorization Form

Per USF's [additional pay policy](#) and [staff who teach policy](#), full-time, exempt staff who assume additional assignments during their regularly scheduled working hours must request authorization first by submitting this completed form to [humanresources@usfca.edu](mailto:humanresources@usfca.edu).

### Staff Member's Primary Position Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Schedule (i.e. days, hours): \_\_\_\_\_

### Additional Assignment Information

Department/Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Length of Assignment: \_\_\_\_\_ End Date: \_\_\_\_\_

Schedule (i.e. days, hours): \_\_\_\_\_

	<input type="checkbox"/> Staff Teaching Assignment	<input type="checkbox"/> Assignments Performed for Another Dept.
Type (select one):	<input type="checkbox"/> Non-Teaching Duties Related to Teaching	<input type="checkbox"/> Other Payments: Honorariums
	<input type="checkbox"/> Out-of-Classification Assignments	<input type="checkbox"/> Other Payments: Non-Earnings

Assignment Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe how you will continue to meet your work responsibilities for your primary position as a full-time, exempt staff member (use back of form if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signatures

*By signing below, I hereby certify that I have read, understand, and agree to the terms and conditions of USF's [Outside Employment Policy in the Staff Handbook](#) and [Additional Pay Policy](#) and/or the [Staff Who Teach Policy](#).*

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Employee's Signature

Date

*By signing below, I hereby certify that I have read and understand USF's [Outside Employment Policy in the Staff Handbook](#) and [Additional Pay Policy](#) and/or the [Staff Who Teach Policy](#), and I approve of this arrangement.*

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Supervisor's Signature

Date

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Supervising Dean's/Vice President's Signature

Date