

Instructions for Completing Form HR-600

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 the form.
2. The completed form must be submitted to the appropriate personnel office for final approval (TEAMS, USPS, OPS) and/or processing (Academic Personnel) as follows:

For appointments/payments to TEAMS, USPS, and OPS:

Division of Human Resources
PO Box 115001, 326 Stadium
Gainesville, FL 32611-5001
Phone (352) 392-1213, SC 622-1213

For appointments/payments to Academic Personnel and housestaff:

Academic Personnel Office
PO Box 113005, 29 Tigert
Phone (352) 392-1251, SC 622-1251

Please note that this form does NOT accomplish payment. It simply provides AUTHORIZATION for payment from the University of Florida only. For more information on processing and payment, go to: <http://www.hr.ufl.edu/cc/extracomp.htm> or contact one of the above personnel offices.



Request for Approval of Additional University Employment and State of Florida Employment

Contact Person:

PO Box:

Phone:

Employee Name: UF Employee ID Number:

REQUEST (check one)
[] Employment of University of Florida employee at greater than 1.00 FTE or simultaneously from OPS and salaries
[] Employment at University of Florida of an employee of other state university or a state agency
[] Employment of University of Florida employee by a state agency or other state university

Table with columns: PRIMARY EMPLOYMENT, SECONDARY EMPLOYMENT. Rows include: Department/Unit, Class Title, Position Number, Rate of Pay, Work Schedule, Full Time Equivalency (FTE), Period of Employment, Appropriation Paid From.

THE SECONDARY MUST COMPLETE THIS SECTION
(The secondary employer is responsible for insuring that the form is completed and approved)
DUTIES TO BE PERFORMED IN SECONDARY EMPLOYMENT and EXPLANATION/JUSTIFICATION
(Attach additional sheets if necessary)

THE PRIMARY EMPLOYER MUST COMPLETE THIS SECTION (If for any reason this statement is not applicable, a separate statement of explanation from the primary employer must be attached). This employee has my approval to perform the additional duties indicated above for the secondary employer.

EMPLOYEE SIGNATURE DATE

AUTHORIZATION OF APPROPRIATE PERSONNEL OFFICE
[] APPROVED [] APPROVED AS MODIFIED [] DISAPPROVED [] FLSA OVERTIME REQUIRED

REMARKS:
APPROPRIATE PERSONNEL OFFICE SIGNATURE DATE

Send original and one copy to PO Box 113005 for Academic Personnel-related requests
Send original and one copy to PO Box 115001 for all other requests