



Main Campus
 HSC
 Potomac State
 WV Tech
 WVUP

Secondary Assignment Request/Approval Form

Employee Name (please print): _____ Employee #: _____

EBO Contact Name: _____ EBO Contact E-Mail: _____

***Note to EBOs: Please be sure to also send a position-request webform with the correct supervisor noted.**

IMPORTANT! Non-exempt employees may not earn CTO if they hold active secondary assignments. If the employee has elected CTO accrual for his/her primary assignment, the election will be changed to Overtime instead once the secondary assignment is approved and processed into MAP.

Secondary Assignment Approval Request and Supervisor Signature (To be completed by the secondary assignment supervisor) Note to secondary assignment supervisor of student workers: By signing below, you are acknowledging your understanding that you and the student employee's primary assignment supervisor will ensure that the student work no more than 20 hours total in all assignments per workweek during the academic session.		
Secondary Assignment College/Dept./School:	Unit/Division:	Org (as it appears in MAP/Oracle):
Is this an existing assignment in MAP? Yes No If Yes, please give assignment #:	Hourly rate of pay or salary:	Requested date job will be effective (please note that effective dates may not be retroactive to the date this form is completed):
Total # of hrs. employee will work in this assignment each week:	How long is secondary assignment scheduled to last (in weeks/months)?	FTE:
Secondary Assignment Work Schedule:		
Days of Week:	Start time/end time:	Months of year:
Please provide the 5 key duties/responsibilities of this secondary assignment:		
Secondary Assignment Supervisor's Name, Employee # and Job Title as they appear in MAP/Oracle (please print):		
Name:	Employee #:	Job Title:
Secondary Assignment Supervisor's Signature:		Date:
Approved: Dean/Director/VP/Designee Signature (if required):		Date:
Employee Information—Primary Assignment Supervisor Approval (To be completed by the primary assignment supervisor) Note to primary assignment supervisor of student workers: By signing below, you are acknowledging your understanding that you and the student employee's secondary assignment supervisor will ensure that the student work no more than 20 hours total in all assignments per workweek during the academic session.		
Employee Name:	Employee Number:	
Is Employee a Non-Resident Alien (NRA)? Yes No		
Primary Assignment College/Department/School:	Unit/Division:	
Primary Assignment Job Title (as it appears in MAP/Oracle):	Is the primary position/assignment: Non-exempt (eligible for overtime compensation) Exempt (not eligible for overtime compensation)	
Primary Assignment Job Type: Classified Nonclassified Faculty/FEAP Student	Primary Assignment Work Schedule: Days of Week: Start time/end time: Contract Months:	
Secondary assignment as described below is: Approved Not Approved If not approved, please list reason(s) for denial of request:		
Primary Assignment Supervisor's Name, Employee # and Job Title as they appear in MAP/Oracle (please print):		
Name:	Employee #:	Job Title:
Primary Assignment Supervisor's Signature:		Date:
Approved: Dean/Director/VP/Designee Signature (if required):		Date:
Employee Agreement and Signature		

Employee Certification: By signing below, I acknowledge that I understand the importance of my primary assignment at WVU and that my secondary assignment is not to have any negative impact on nor create any conflict of interest for my primary WVU assignment. The information given above is complete and accurate regarding my secondary assignment. I agree to work in this assignment for the rate established by HR, per the rate and any calculations/methods noted below. I understand: 1) that I may not work in the secondary assignment until HR sets a rate and pay title and receives acceptable background check results or drug testing results (if required by the position duties); 2) that I must meet the minimum job qualifications for the position as established by HR Class and Comp for this assignment; 3) that my secondary assignment may be terminated at any time if it is determined that it is having an adverse impact on my primary assignment; 4) that it is my responsibility to immediately notify my primary assignment supervisor and amend this form if there are any assignment or scheduling changes made to my secondary assignment; and 5) that I may not elect or receive CTO in my primary assignment if I hold this secondary assignment. Students only: By signing below, I acknowledge that I understand that I may work no more than 20 hours total each workweek in all WVU assignments during academic sessions.

Employee Signature:

Date:

HR For Class and Comp Use Only:

Secondary Assignment Title:	Approved Rate:*	BC MM FH CH	Analyst Signature and Date:
Exemption Status: NE E	Or mark N/A if dept. determines rate: N/A**	DL (D E CDL) NA	
		WC Code:	

Secondary Assignment Job Type (see definitions on instruction sheet):
 Casual Worker Seasonal Sporadic Project/Event Worker Temp (non-MT) Instructor/Adjunct Faculty Student

*If secondary-assignment duties are same as in primary assignment, this rate will be the employee's regular primary rate. If secondary work is different from work performed on the primary assignment, a different rate will be established by HR Class and Comp, and any overtime due will be based on "time in effect," or the rate the employee is being paid at the time overtime occurs.
 **If you checked "N/A," please submit written documentation or a justification of how this rate was arrived at.

For HR Employment Services Use Only: Background Check Conducted/Acceptable: Yes No Date: Initials:

For Medical Management Use Only: Applicable Test Conducted/Acceptable N/A Yes No Date: Initials: