

UNIVERSITY OF ARKANSAS AT PINE BLUFF  
**INTERNAL CONCURRENT EMPLOYMENT REQUEST**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Primary Authorized Title: \_\_\_\_\_ Grade (Classified Only): \_\_\_\_\_ FLSA Status E or N  
E or N

Requesting Department (if UAPB): \_\_\_\_\_

Requesting State Employer (if not UAPB): \_\_\_\_\_

State Authorized Concurrent Title: \_\_\_\_\_ Total Amount to be Pa \_\_\_\_\_

Period of Concurrent Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Dates and times: (Separate sheet reflecting dates and time may be attached.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of Duties to be Performed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Concurrent Employment Approval: (Primary Department)**

\_\_\_\_\_  
 Signature of Dean/Department Chair/Director Department Date

\_\_\_\_\_  
 Signature of Vice Chancellor Division Date

**APPROVALS: (Funding Department)**

\_\_\_\_\_  
 Chair/Supervisor Department Date

\_\_\_\_\_  
 Dean/Director School/Unit Date

\_\_\_\_\_  
 Vice Chancellor Division Date

\_\_\_\_\_  
 Chancellor Date

HR: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date State form forwarded to OPM: \_\_\_\_\_