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Request for Other University Employment Activity

Primary Employee Information	Payroll Type/ Employment Type (check all that apply)	Requesting Department Information
MSU ID	☐ Regular ☐ 9 Mo Payroll ☐ 12 Mo Payroll	Department Name
Employee Name	☐ Graduate Assistant	
Home Org Name	☐ Intermittent	Time Sheet Org #
Position Title	☐ Student	Prepared by
Position #	☐ Rehired Retiree	Phone #
Rate of Pay		

Payment Types (Complete accounting distribution information below only):

☐ OVT (Overtime) outside of home department/unit — Hourly Rate $ _____ X hrs _____ = $ _____

☐ HOT (Holiday Overtime) ☐ HOW (Holiday Hrs Worked) — Work Performed _____ to _____

The following payment type requires approval prior to the employee engaging in any other employment activity.

☐ MSC (Misc Pay) ☐ Worked performed within unit ☐ Work to be performed is outside the unit (Must have approval of home dept.)

Period of Work Requested _____ to _____

Services Performed/ Justification _____

☐ Award Amount $ _____ Name of Award: _____

Note: Award is a recognition of special achievement. Please note this request for payment must be paid from a restricted University account created solely for this award and reimbursed from the MSU Foundation. A copy of an approved MSU Foundation DF-01 requesting reimbursement must be attached to this form

Employee Signature: _____ Date: _____

I understand that this application ***must receive all required university approvals prior*** to my engaging in any other employment activity. I certify that this employment will not result in a conflict of interest with or commitment to my primary employment. A separate application must be completed before each employment activity

Accounting Distribution

Date of Payment	Fund Org Account Program Activity	Amount of Payment	%

Signature/ Date _____ Signature/ Date _____

Signature/ Date _____ Signature/ Date _____

Signature/ Date Signature/ Date

HRM Use Only

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