HRM319 11/07

Request for Other University Employment Activity

Primary Employee Information:	Payroll Type/Employment Type (Check all that apply)	Requesting Dept. Information:
MSU ID	☐ Regular/time limited ☐ 9 month payroll	Department Name
Employee Name	☐ Graduate Assistant ☐ 12 month payroll	Time Sheet Org#
Home Org Name	☐ Temporary/Intermittent	
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

☐ HOT (Holiday Overtime) ☐ HOW (Holiday Hrs Worked)

Hourly Rate $ _____ **X hrs.** _____ = **$** _____

Work Peformed _____ **to** _____

The following payment type requires approval prior to the employee engaging 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 Form 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 Information

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

APPROVAL SIGNATURES

Signature/Date _____ Signature/Date _____

Signature/Date _____ Signature/Date _____

Signature/Date Signature/Date

HRM Use Only

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