# SUPPLEMENTAL ACTIVITY ASSIGNMENT

## Employee Information
- **Name:**
- **Position number:**
- **Department:**
- **Work phone:**
- **Campus:**
- **Colleague ID (Do not enter SSN):**
- **Supervisor’s name:**
- **Supervisor’s phone:**

## Primary Assignment Information
- **Title or brief identification. Describe in detail below:**

## Supplemental Activity Assignment Information
- **Type (check one):**
  - **Recurring**
    - Recurring assignments may be made only to those employees whose primary position is exempt from over-time rules of the FLSA, as indicated by the 1st letter of the primary position number. (A, E, F = Exempt).
    - Title or brief identification. Describe in detail below.
  - **Non-recurring**
    - Occasional or sporadic work that differs from the employee’s primary work, is not covered by an existing College job classification, and is done at the employee’s option.
    - Title or brief identification. Describe in detail below.

## Compensation Payment Terms
- **Total $ amount:**
- **Start Date:**
- **End Date:**
- **Fund:**
- **GL-Dept:**
- **Object:**
- **Loc:**

## Termination of Asgmt
- (Complete this section of processed form only when asgmt is being ended prior to original end date.)
- **End asgmt effective:**
- **Name and Initials of Terminating Official:**

## Requesting Official
- **Printed name and signature:**
- **Date:**

## Approving Official
- **Printed name and signature:**
- **Date:**

## Contract Office
- **Received date/time stamp:**
- **1st Pymt Dt:**
- **Last Pymt Dt:**
- **Nbr of pymts:**
- **Pymt Amt:**
- **Total Amt:**
- **Input date:**
- **Notes:**
- **Distr:** Original – Personnel Record; Copy – Contracts Ofc, Req Official, Employee, Payroll

Previous version 09/08 may still be used.

2-1-072 (06/10)