SOUTHERN METHODIST UNIVERSITY
PAYROLL AUTHORIZATION FORM FOR SECONDARY STAFF JOBS

SMU ID# _____ Employee Name: _____

JOB TITLE **Secondary Job - Staff** JOB CODE **950**

HOME BASE ORG NAME _____

HOME BASE ORG NUMBER _____

ACCOUNT(s) TO CHARGE			
FUND	ORG	PROJECT	ACCOUNT

Indicate primary job pay schedule (if known)

	Bi-weekly
	Monthly

Department Contact _____

Contact's Phone # _____

PAY RATE

per Hour **$** _____ Overtime Rate **$** **-**

PAY TO BEGIN _____

PAY TO END _____

Type of Work / Comments:

Manager _____ Date _____ Financial Officer _____ Date _____

Department Head _____ Date _____ Dean / V.P. _____ Date _____

ALTERNATIVE RATE AGREEMENT

WHEREAS, the _____ Department of Southern Methodist University desires to employ _____in the position of _____ as a secondary job, the parties hereby agree as follows:

1. The Employee agrees that the base rate of pay for the above stated job will be _____ per hour. The Employee agrees that this rate will be in effect during any overtime hours worked in this job position.

2. This Agreement shall be in effect from _____ through _____.

3. The parties have agreed upon the rate for any overtime computation as an appropriate rate for the work to be performed.

4. Any hours worked in the secondary job will be considered overtime hours and compensated at 1 ½ times the rate stated above.

SIGNED this _____ day of _____, 2010.

_____ _____

SOUTHERN METHODIST UNIVERSITY REP SIGNATURE EMPLOYEE SIGNATURE

Department: