

# Instructions for Completing the HR-600 Form

The secondary employer is responsible for ensuring that the form is complete and accurate. Assignments/payments will not be authorized until the form has been approved and signed by the appropriate offices.

1. The employee and primary employer must complete and sign the “Employee Signature” and “Primary Employer” portions of this form.
2. The completed form must be submitted to the appropriate personnel office for final approval (TEAMS, USPS, OPS) and/or processing (Academic Personnel) as follows:

**For appointments/payments to TEAMS, USPS, and OPS:**

Human Resource Services  
PO Box 115002, 903 West University Avenue  
Gainesville, FL 32611-5001  
(352) 392-2477

**For appointments/payments to Academic Personnel and house staff:**

Academic Personnel Office  
PO Box 113005, 903 West University Avenue  
Gainesville, FL 32611  
(352) 392-2477

Please note that this form does not accomplish payment. It simply provides authorization for payment from the University of Florida only. For more information about processing and payment, please visit our web site at [www.hr.ufl.edu](http://www.hr.ufl.edu) or contact one of the above offices.

# Request for Approval of Additional University Compensation

Contact Person: \_\_\_\_\_ PO Box: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee Name: _____	UFID Number _____
----------------------	-------------------

**REQUEST (check one)**

- Employment of UF employee at greater than 1.00 FTE  
 Employment of UF employee simultaneously from OPS and salaries

	PRIMARY EMPLOYMENT	SECONDARY EMPLOYMENT
<b>Department/Unit:</b> _____		
<b>Department ID:</b> _____		
<b>Class Title:</b> _____		
<b>Position Number:</b> _____		
<b>Rate of Pay (Hourly or Biweekly):</b> _____		
<b>Work Schedule:</b>	Daily: _____ Weekly: _____ a.m. p.m.	Daily: _____ Weekly _____ a.m. p.m.
<b>Full Time Equivalency (FTE):</b> _____		
<b>Period of Employment:</b> _____		
<b>Appropriation Paid From:</b>	<input type="checkbox"/> Salaries <input type="checkbox"/> OPS	<input type="checkbox"/> Salaries <input type="checkbox"/> OPS

**THE SECONDARY EMPLOYER MUST COMPLETE THIS SECTION**

(The secondary employer is responsible for insuring that the form is completed and approved)

**DUTIES TO BE PERFORMED IN SECONDARY EMPLOYMENT and EXPLANATION/JUSTIFICATION**

(Attach additional sheets if necessary)

SECONDARY EMPLOYER NAME (Please Print)	SIGNATURE	DATE	PHONE
--	-----------	------	-------

**THE PRIMARY EMPLOYER MUST COMPLETE THIS SECTION** (If for any reason this statement is not applicable, a separate statement of explanation from the primary employer must be attached): This employee has my approval to perform the additional duties indicated above for the secondary employer. These additional duties will not be performed during the employee's regular working hours with this university and will not involve a conflict of interest with the employee's regularly assigned duties.

PRIMARY EMPLOYER SUPERVISOR (Typed)	SIGNATURE	DATE
-------------------------------------	-----------	------

PRIMARY EMPLOYER CHAIR or DIRECTOR (Typed)	SIGNATURE	DATE
--	-----------	------

EMPLOYEE SIGNATURE	DATE
--------------------	------

**AUTHORIZATION OF UNIVERSITY PERSONNEL SERVICES** (Required for USPS and TEAMS).

- APPROVED     APPROVED AS MODIFIED     DISAPPROVED     FLSA OVERTIME REQUIRED

**REMARKS:**

UNIVERSITY PERSONNEL SERVICES SIGNATURE	DATE
---	------

**Send original and one copy** to PO Box 113005 for Academic Personnel-related requests (including graduate assistants and adjunct faculty)

**Send original and one copy** to PO Box 115002 for all other requests