



Eastern Kentucky University

Intermittent Assignment Request Form

Revision 11/14/2017

Employee Information

First Name: _____ Last Name: _____ EKU ID #: _____

Does the employee have a Primary Job assignment? ☐ Yes ☐ No

Intermittent Assignment Information

Department: _____ Job Title: _____

Start Date: _____ End Date: _____ Org Code: _____

All assignments will terminate with the fiscal year on June 30th if no end date is provided. A new form is required for position renewal.

Work Location: _____
Assignment Description

Compensation Instructions

- If a day or hourly rate is provided, complete the time sheet (page 2) before returning to Human Resources.

☐ Non-Exempt Pay Rate: \$ _____ per ☐ Day ☐ Hour Total Compensation: _____
☐ Exempt Assignment Total Compensation: _____

EKU Employee Certification

I agree to accept the terms as outlined in this document. I understand that I am responsible for providing full time efforts if I have a primary position with EKU.

Employee Signature

Date

Approvals

By signing this form, you are supporting this request and agreeing to the terms outlined above.

Assignment Supervisor: _____ Date: _____
Required

Dept. Budget Head: _____ Date: _____
Required

Provost/Vice Provost: _____ Date: _____
Required for faculty only

Sponsored Programs: _____ Date: _____
Required for grants only

Please submit the completed and approved form to the Office of Human Resources, Jones 203.

For HR Office Use

☐ SM ☐ FA
☐ BW ☐ No Current Job

Position and Suffix Number

Date Received

EKU INTERMITTENT TIME CARD

NAME (Please Print)

EKU ID NUMBER

DEPARTMENT

ORG CODE

Week 1

DATE	IN	OUT	IN	OUT	TOTAL HOURS
TOTAL					

Week 2

DATE	IN	OUT	IN	OUT	TOTAL HOURS
TOTAL					

Employee Signature

Supervisor Signature