**Request For Multiple Compensation/Employment**

This form must be submitted prior to accepting multiple compensation/employment within the College

**NAME:**

**CURRENT DEPARTMENT:**

**POSITION TITLE:**

**EMPLOYMENT STATUS:** Classified Wage Administrative Faculty Other

I request approval to accept multiple compensation/employment within the College as follows:

**DEPARTMENT:**

**POSITION TITLE:**

**WORK SCHEDULE:**

**EMPLOYMENT STATUS:** Classified Wage Administrative Faculty Other

Approval:

Supervisor: Date

Intermediate Supervisor: Date

Vice President: Date