**CHR COMPENSATION and/or APO MULTIPLE FLSA APPOINTMENTS DETERMINATION FORM**

***(This form should only be completed and submitted when exceptional review by CHR or APO is required)***

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| **EMPLOYEE INFORMATION** | |
| A1. EMPLOYEE FIRST & LAST NAME | A2. EMPLOYEE ID # |
| **CURRENT APPOINTMENT INFORMATION** | |
| B1. EXISTING (CURRENT) APPOINTMENT (JOB CODE & TITLE), DEPARTMENT/CAMPUS LOCATION | B2. Appointment % (FTE) |
| B3. START DATE | B4. END DATE |
| B5.HOURLY or ANNUALIZED SALARY (FTE x ANNUAL RATE) | B6.CURRENT FLSA STATUS |
| B7. CURRENT PAY SCHEDULE | B8. REPRESENTED APPOINTMENT? (IF YES, WHICH UNIT?) |
| B9. HR GENERALIST NAME | B10. EE SUPERVISOR NAME |
| B11. PRIMARY APPOINTMENT? Yes No | B12. NOTES |
| **ADDITIONAL APPOINTMENT EMPLOYEE INFORMATION** | |
| C1. ADDITIONAL (NEW) APPOINTMENT (JOB CODE & TITLE), DEPARTMENT/CAMPUS | C2. APPOINTMENT %( FTE) |
| C3. START DATE | C4. END DATE |
| C5. HOURLY AND ANNUALIZED SALARY (FTE x ANNUAL RATE) | C6. DEFAULTED FLSA STATUS |
| C7. DEFAULTED PAY SCHEDULE | C8. REPRESENTED APPOINTMENT? (IF YES, WHICH UNIT?) |
| C9. HR GENERALIST NAME | C10. EE SUPERVISOR NAME |
| C11. PRIMARY APPOINTMENT? Yes No | C12. NOTES |
| **PROPOSED FLSA AND PAYSCHEDULE** | |
| D1. CURRENT APPOINTMENT PROPOSED FLSA STATUS | D2. CURRENT APPOINTMENT PROPOSED PAY SCHEDULE |
| D3. ADDITIONAL APPOINTMENT PROPOSED FLSA STATUS | D4. ADDITIONAL APPOINTMENT PROPOSED PAY SCHEDULE |
| D5. OTHER INFORMATION / PROPOSED CHANGES | |
| **FLSA DETERMINATION**  **REVIEW & APPROVAL FROM CHR COMPENSATION OR APO** | |
| E1. REVIEWER’S NAME | E2. EMPLOYEE ID NUMBER |
| E3. OVERALL FLSA STATUS AND EFFECTIVE DATE | E4. OVERALL PAY SCHEDULE |
| E5. CHR/APO COMPENSATION REVIEW & APPROVAL | E6. DATE |
| E6. UNION NOTIFICATION REQUIRED? (Y/N) |  |