

RISD ADDITIONAL ASSIGNMENT REQUEST FORM

Employee Name:

Phone Number:

Email:

Job Title:

Primary Supervisor:

Home Department/Division:

Date:

Expected Start Date:

Expected End Date:

Hiring Manager for Additional Assignment:

Primary Position at RISD is: ☐ Exempt (Salary)

☐ Non-Exempt (Hourly)

Type of additional assignment proposed (non-teaching):

- ☐ Additional assignment is assigned to a specific schedule
- ☐ One-time assignment (ex, speaking in the Museum for 1 hour commitment)
- ☐ Deliverable project of work (ex. designing a brochure for a department, photographing an event)
- ☐ Other -Please describe

Teaching Assignment

☐ Continuing Education

First Time Teaching?

☐ Yes

☐ No

☐ Degree Program Department

Course Title

ISP

Crit:

Is the assignment requested, covered as part of your primary position responsibilities as described in your job description?

☐ Yes

☐ No

Please explain

If the addition assignment has a specific schedule, i.e. teaching schedule, required hours, please list it here:

Days	Start Time	End Time	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Does the schedule above require you to alter the work schedule associated with your primary position?

☐ Yes

☐ No

If yes, describe your proposed revised schedule here:

Days	Start Time	End Time	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Impact

Describe the impact and potential challenges to your home department and /or your primary position. If you answered yes to an altered work schedule, include potential challenges associated with a schedule change:

How will you and your primary supervisor evaluate the impact of this additional assignment on your primary position responsibilities? (availability for meetings, adhering to project schedules, access to shops, etc.):

Supervisor Comments to Above Proposal

☐ Approved ☐ Denied ☐ More Information Needed

Explain:

Signatures and Acknowledgements

Employee:	<input type="text"/>	Date:	<input type="text"/>
Home Department Supervisor:	<input type="text"/>	Date:	<input type="text"/>
Additional Appointment Supervisor:	<input type="text"/>	Date:	<input type="text"/>
Human Resources:	<input type="text"/>	Date:	<input type="text"/>

The additional assignment, if approved, does not constitute a term, condition, or benefit of employment and I understand that the additional assignment is an at-will employment arrangement with the College. I understand that this request is limited to the specific class, course, or assignment which is submitted and I will need to submit an additional request form for subsequent classes, courses or assignments.

NOTES:

- 1) Given current systems limitations, if the non-exempt employee's total time worked exceeds 40 hours, the hours associated with the second position may be attributed to either the primary or secondary position.
- 2) Paid time off such as vacation, personal, etc. may not be used to excuse the employee from their primary position to work in a secondary position.

For HR Use Only:

Primary Position Status: ☐ Exempt (Salary) ☐ Non-Exempt (Hourly)

Additional assignment included in primary position responsibilities: ☐ Yes ☐ No

Additional compensation for assignment: ☐ Yes ☐ No Reason

Pay Method: ☐ Exempt, stipend ☐ Non-Exempt, hours