

MEMORANDUM

PERSONAL & CONFIDENTIAL

TO:

FROM:

DATE:

SUBJECT: Rate-in-Effect

This memorandum documents your work and pay arrangements with (Department). By signing on the space provided below, you confirm the following to be correct:

1. You agree to work a second job as a (Job Title) for the (Department and School). This job is identifiably different from the work that you perform in your primary department.
2. For this work, you agree to an hourly rate of (Rate) per hour.
3. Should your total hours worked in this job and your primary job exceed 40 hours per week, you will be compensated at time-and-one half of your hourly rate which was in effect during those hours.

Please do not hesitate to contact me or your Human Resources Office if you have any questions regarding this work and pay arrangement.

cc:

Employee Signature

Date