



**UNIVERSITY OF ARKANSAS AT MONTICELLO  
PERSONNEL ACTION FORM ATTACHMENT  
CLASSIFIED STAFF TEACHING OVERTIME COMPLIANCE FORM**

Name \_\_\_\_\_

Semester \_\_\_\_\_

- A. Employee's current classified annual fiscal year salary \_\_\_\_\_
- B. Divide by 2080 hours equals rate per hour \_\_\_\_\_
- C. Rate per hour listed in B above times 1.5 equals \_\_\_\_\_
- D. PAF additional duty salary of \$ \_\_\_\_\_  
divided by C equals maximum overtime hours \_\_\_\_\_

As the academic unit head, I certify the above noted classified employee:

- 1. Will not work ("have work hours") this semester that exceed the hours listed in "D" above.
- 2. Will perform these duties outside the normal forty-hour work week.

**APPROVALS**

\_\_\_\_\_  
Unit Head (Secondary Supervisor) \_\_\_\_\_  
Date

\_\_\_\_\_  
Provost \_\_\_\_\_  
Date

\_\_\_\_\_  
Chancellor \_\_\_\_\_  
Date

*Authority*  
*UAM Operating Procedure 410.6 Teaching Overload Compensation for Faculty and Staff, November 2005*

*Cc: Primary Supervisor of Employee*