Additional State of Texas Employment/Activity Acknowledgement Form

Section I. **Name:_____ EID#_____**

Section II. **Provisions**

I hereby agree to and acknowledge that I have been informed of the provisions listed below regarding simultaneous employment/activity with Lamar State College – Port Arthur and another State of Texas Institution of Higher Education or State Agency.

1. Completely separate leave records will be maintained by each employer;
2. Time worked in one position may not be used as additional tenure credit for purposes of longevity or annual leave accrual for the other positions;
3. Upon termination of one employment, the leave balances accrued under one employment may not be transferred to the remaining employment;
4. The State contribution towards the employee's benefit replacement pay will be subject to the overall individual limit, meaning that the employee will be treated as if he or she holds only one position with the state;
5. The total state contribution towards the employee's group insurance will be limited to no more than the amount specified in the Appropriations Act for full-time active employees;
6. The employee will be entitled to receive State longevity payment for no more than one employment; and
7. Overtime compensation will accrue to each employment independent of the other except in those instances in which the employee is subject to the overtime provisions of the Fair Labor Standards Act (FLSA). When the employee is subject to FLSA provisions, the employing State Entities must consider all combined time worked in excess of 40 hours per week as overtime and compensate the employee in accordance with the FLSA provisions applicable to joint employment relationships. The two entities shall coordinate in order to determine which entity will have the responsibility for ensuring that the employee is properly compensated.

Section III. **Certification and Acknowledgment**

I hereby certify that my additional State employment/activity is of benefit to the State of Texas or is required by State or Federal Law and is not in conflict with my duties and responsibilities at Lamar State College – Port Arthur. Furthermore, I acknowledge that it is my responsibility to inform both of my state employers of my multiple State of Texas employment status and of any future change relating to this status. I understand and agree that Lamar State College – Port Arthur may lawfully require me to end the employment/activity if it is determined to be in conflict with my duties and responsibilities at Lamar State College – Port Arthur.

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, and, if necessary, correct the information that Lamar State College – Port Arthur collects on me.

Employee/Prospective Employee
Signature:_____Date:_____

Attach this form to the Request for Public Outside Employment/Activity form.