

Secondary Position Authorization Form – NON-TEACHING AND GRADUATE ASSISTANTS

This form is to be included with the paperwork of an employee who currently has a full-time position or Graduate Assistantship and is acquiring a part-time position. Please fill out the section that applies.

Section 1: Currently a full-time permanent/contract and acquiring an additional part-time position As the supervisor of the employee listed below with multiple positions at Lakehead University, I agree to ensure that the following terms **and** conditions are upheld:

1. If the employee is **already working full-time**, the total number of hours worked per week by the employee (among all positions) at Lakehead University will **not exceed 44**. Should 44 total hours worked per week be exceeded, overtime rates will be applied to the position in which the overtime was earned.
2. The employee will not work more than five consecutive hours without a rest period of at least 30 minutes.

Please complete the weekly work schedule for the additional position in the chart below:

| | Work Period Start Time | Work Period End Time |
|-----------|------------------------|----------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Section 2: Currently a Graduate Assistant and acquiring an additional part-time position

As the supervisor of the employee listed below with multiple positions at Lakehead University, I agree to ensure that the following terms **and** conditions are upheld:

1. If the employee is a **Graduate Assistant**, the total number of hours worked per week outside of the GA work and in my department will be **less than 20 hours per week**. Please provide the estimated weekly hours of work:
2. The employee will not work more than five consecutive hours without a rest period of at least 30 minutes.

| | | |
|---|----------------------------|------|
| Employee Name (Please print) | Employee Signature | Date |
| Supervisor Name (Please print) | Supervisor Signature | Date |
| *Supervisor of the additional position is required to sign, not the full-time/GA supervisor | | |
| HR Administrator Name (Please print) | HR Administrator Signature | Date |