

WORK IN OTHER DEPARTMENT

This form is to be used when an employee performs services in a department other than his/her regular (home) department.
Please see HR Policies 6.10, 6.11, 6.12 and 6.22.

This section must be completed in order to obtain authorization for an employee to perform work in another department.

All signatures and Compensation approval, if necessary, must be obtained prior to the work being performed.

Home Department Information:

Dept: Genetics and Genomic Sciences submitted by: Valerie Leon Phone: (212) 659-8296

EMPLOYEE'S NAME: Joselyn Cristina Chavez Fuentes Job Title: Postdoctoral fellow Pay Grade:

Current rate of pay 36.8731

☐☒

LIFE NUMBER: 8458682

Shift/Scheduled Hours: 75 Weekly

Biweekly *

(See #3 Below)

Current salary source for employee:

Salary source %

IF320451082 - _____

50%

IS320451013 - _____

50%

Fund/Cost Center Owner: 
(Signature)

Guo-Cheng Yuan Date: 04/19/23
(Print)

Department Head/Administrator: _____
(Signature)

_____ Date: _____
(Print)

This section is to be completed by employee and the department where the supplemental work was performed.

Work In Other Department Information:

Department Name: Graduate Program in Public Health


(Department in which supplemental work is performed)

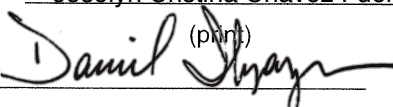
1) Summary of duties to be performed: \$3000 for serving as a Co-Course Director for MPH 0413: Introduction to Epidemiology
Data Analysis with R (3-credits) course during Spring I 2023 in the Graduate Program in Public Health at Icahn School
of Medicine at Mount Sinai.

2) For biweekly Hospital employees, attach Compensation Approval of pay rate; for School employees, approval from Caryn Tiger-Paillex
(Human Resources) is required

3) Week Ending Date: 03/21/2023

Salary Source for Work Performed	Date Worked	Hours		Total Hours	Payroll Use Only	
		From	To			
MPH fund: 02453200	02/21/2023	18:15	20:45	2.5		
MPH fund: 02453200	02/28/2023	18:15	20:45	2.5		
MPH fund: 02453200	03/07/2023	18:15	20:45	2.5		
MPH fund: 02453200	03/14/2023	18:15	20:45	2.5		
MPH fund: 02453200	03/21/2023	18:15	20:45	2.5		
				12.5		

Employee:  Joselyn Cristina Chavez Fuentes Date: 04/12/2023
(signature) (print)

Authorization of Fund/Cost Center Owner:  Daniel Ilyayev Date: 4/24/2023

Human Resources Authorization: _____ (Signature) _____ (Print)

Date: _____

Finance Approval: _____ (signature) _____ (print)

Date: _____

* ***Weekly employees will be paid in accordance with applicable overtime rules.***