

REQUEST FOR DUAL EMPLOYMENT

Secondary Department: Please complete Section I and forward to employee to complete primary department information and obtain supervisor's signature. All completed forms should be sent with employment contract to the Human Resource Office.

SECTION I

Employee's Name: _____ **ID#:** _____

PRIMARY EMPLOYMENT Department Information	
Dept Name:	
Job Title:	
Reports to:	
Adjunct, Exempt or Non-Exempt:	

SECONDARY EMPLOYMENT Department Information	
Dept Name:	
Job Title:	
Reports to:	
Adjunct, Exempt or Non-Exempt:	

Duration of Dual Employment: _____ **To:** _____

In this section state the primary work schedule (i.e. Mon- Fri, 8am –4:30 pm, 40 hours per week) and state the time to be worked in the dual employment appointment (i.e., Sat & Sun, 2pm – 6pm, 4 hours per day)

1) Primary work schedule including hours of work: _____

2) Secondary employment work schedule including hours of work: _____

State the critical need/reason for Dual Employment & source of funds:

Description of duties:

I understand the dual employment policy and its provision. I have reviewed the attached contract and above statements and certify that the requested part time dual employment request is not related to or a part of the position for which the employee was hired and will not interfere with the employee's normal working hours.

I understand that I am agreeing to a pre-determined regular pay rate as compensation for the secondary employment position I have accepted. The secondary employment position is in a different occupational category from my primary position; it is conducted sporadically and/or infrequently and it is done on a voluntary basis.

	X	
(Print) Employee Name	Signature	Date
	X	
(Print) Primary Supervisor	Signature	Date
	X	
(Print) Secondary Supervisor	Signature	Date

SECTION II – To be completed by HRO

Decision: **Approved** **Denied** HRO Representative: _____ Date: ___ / ___ / ___

Notes: _____