

REQUEST FOR DUAL EMPLOYMENT

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

Employee's Name _____ Personnel # _____ Dual Employment Institution _____

Department: _____ Requested Class Title and Description of Dual Employment Duties _____

Dates of Dual Employment (Authorization may not be effective for more than one year.) _____ Time periods When Dual Employment Services Will Be Done (e.g. 7:00-9:00 p.m. each Wednesday for 7 weeks) _____
Employment period covered by Fiscal Year _____ No conflict with regular work schedule.

Rate of Payment is Stipulated in: _____ Total Payment Requested Not To Exceed: _____
() Federal Grant # _____
() Executive Board /Resolution # _____
() Other _____

Funding Source/Cost Center: _____

Justification for Dual Employment and Rate of Pay _____

Requested dual employment is necessary to the proper functioning of this agency. The employee's primary duties will not interfere with the dual employment, and the dual employment is not in violation of the Code of Ethics, the Administrative Code of 1929, or the State Adverse Interest Act. () Approved () Disapproved

Signature, Supervisor of Dual Employment _____ Signature, Cabinet Level or Grants _____ Signature, Human Resources _____

Date Signed

Date Signed

Date Signed

B. TO BE COMPLETED BY EMPLOYEE'S PRIMARY AGENCY

Primary Agency _____ Primary Employment Bureau or Institution _____

Present Class Title _____ Present Pay Range _____ and Step _____

Present Work Schedule _____

Other Rate of Pay:\$ _____ per _____

The dual employment will not interfere with the employee's primary duties and is approved by this agency.

() Approved () Disapproved

Signature of Supervisor or Agency Intermediate

Signature, Head of Employee's Primary Agency

Date Signed

Date Signed