

REQUEST FOR DUAL EMPLOYMENT

See Management Directive 525.11

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

| | | |
|-----------------|---------------|---------------------------------------|
| EMPLOYEE=S NAME | SOC. SEC. NO. | DUAL EMPLOYMENT BUREAU OR INSTITUTION |
|-----------------|---------------|---------------------------------------|

REQUESTED CLASS TITLE AND DESCRIPTION OF DUAL EMPLOYMENT DUTIES

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| DATES OF DUAL EMPLOYMENT (AUTHORIZATION MAY NOT BE EFFECTIVE FOR MORE THAN ONE YEAR) BEGIN: _____ END: _____ | TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE DONE (E.G., 7:00-9:00 P.M. EACH WEDNESDAY FOR 7 WEEKS) |
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| | | |
|---|--|---|
| REQUESTED PAY RANGE _____ AND STEP _____ OR OTHER RATE OF PAY: \$ _____ PER _____ | RATE OF PAYMENT IS STIPULATED IN ? COMMONWEALTH PAY SCHEDULE ? COMMONWEALTH MEDICAL FEES SCHEDULE ? FEDERAL GRANT # ? EXECUTIVE BOARD RESOLUTION # | TOTAL PAYMENT REQUESTED \$ _____ |
|---|--|---|

JUSTIFICATION FOR DUAL EMPLOYMENT AND RATE OF PAY (IF MORE SPACE IS NEEDED, USE REVERSE SIDE OF THIS FORM.)

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.

(DEAN AND PROVOST MUST SIGN FOR FACULTY) ? APPROVED ? DISAPPROVED

| | | |
|---------------------------------------|---------------------------|--------------------------------------|
| _____ DEPARTMENT CHAIR OR DIRECTOR | _____ APPROPRIATE DEAN | _____ DIRECTOR OF HUMAN RESOURCES |
| _____ VP/PROVOST | | |
| 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 _____ OR 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

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| SIGNATURE OF SUPERVISOR OR AGENCY INTERMEDIATE | SIGNATURE OF HEAD OR DESIGNEE OF EMPLOYEE=S PRIMARY AGENCY |
| DATE SIGNED | DATE SIGNED |
| TELEPHONE NO. | |

