

REQUEST FOR DUAL EMPLOYMENT

See Management Directive 525.11

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

EMPLOYEE'S NAME	PERSONNEL #	DUAL EMPLOYMENT BUREAU OR INSTITUTION
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REQUESTED CLASS TITLE AND DESCRIPTION OF DUAL EMPLOYMENT DUTIES

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 <input type="checkbox"/> COMMONWEALTH PAY SCHEDULE <input type="checkbox"/> COMMONWEALTH MEDICAL FEES SCHEDULE <input type="checkbox"/> FEDERAL GRANT # <input type="checkbox"/> EXECUTIVE BOARD RESOLUTION #	TOTAL PAYMENT REQUESTED \$ _____
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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.

(CHAIR, DEAN AND PROVOST MUST SIGN FOR FACULTY)

(DIRECTOR, AND VICE PRESIDENT MUST SIGN FOR STAFF)

DEPARTMENT CHAIR OR DIRECTOR	APPROPRIATE DEAN	PROVOST/VICE PRESIDENT
DATE SIGNED	DATE SIGNED	DATE SIGNED

HR USE ONLY

B. TO BE COMPLETED BY EMPLOYEE'S PRIMARY AGENCY

PRIMARY UNIVERSITY OR AGENCY DEPARTMENT	PRIMARY UNIVERSITY, OR AGENCY
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 university or agency.

APPROVED DISAPPROVED

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