REQUEST FOR DUAL EMPLOYMENT

SECTION I

Employee's Name: ID#:

Secondary employment work schedule including hours of work:

State the critical need/reason for dual employment & source of funds:

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: / /