

REQUEST FOR DUAL EMPLOYMENT

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

<u>Name</u>	<u>Dual Employment Bureau or Institution</u>	<u>Personnel Number</u>
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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
(i.e. 7:00 – 9:00 PM EACH WEDNESDAY FOR 7 WEEKS)

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

\$ _____

COST CENTER

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.

SIGNATURE OF SUPERVISOR
OF DUAL EMPLOYMENT

SIGNATURE OF AGENCY
INTERMEDIATE

SIGNATURE OF HEAD OR DESIGNEE
OF REQUESTING AGENCY

DATE SIGNED EXTENSION

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	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

SIGNATURE OF SUPERVISOR OR AGENCY INTERMEDIATE

SIGNATURE OF HEAD/DESIGNEE OF EMPLOYEE'S PRIMARY AGENCY

DATE SIGNED

EXTENSION

DATE SIGNED