

Dual Employment Request Form

REQUESTING (Secondary) AGENCY

AGENCY NAME: _____ SECTION/DEPT: _____

AGENCY ADDRESS: _____ TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

EMPLOYEE NAME: _____ PERSONNEL NUMBER: _____

INTERNAL POSITION TITLE (Object Name): _____ SECONDARY AGENCY POSITION NUMBER: _____

DESCRIPTION OF SERVICES TO BE PERFORMED: _____

DURATION OF SERVICES AND PROPOSED COMPENSATION

DATES (MONTH/DAY/YEAR): _____ TIMES: _____ TOTAL GROSS SALARY: _____

FROM: _____ FROM: _____ AM
PM TRAVEL AND SUBSISTENCE: _____

TO: _____ TO: _____ AM
PM TOTAL COMPENSATION: _____

TOTAL HOURS: _____ HOURLY RATE : _____

EMPLOYEE'S SIGNATURE

DATE

AUTHORIZED REQUESTING AGENCY SIGNATURE

DATE

EMPLOYING (Home) AGENCY

AGENCY NAME: _____ SECTION/DEPT: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CLASS CODE: _____ FLSA: _____ CURRENT ANNUAL SALARY: _____

NORMALLY SCHEDULED HOURS OF WORK ARE FROM: _____ AM
PM TO: _____ AM
PM

IF NECESSARY, HAVE ARRANGEMENTS BEEN MADE FOR THE EMPLOYEE TO TAKE ANNUAL LEAVE OR LEAVE WITHOUT PAY TO RENDER THE SERVICES DESCRIBED? YES NO

AUTHORIZED EMPLOYING AGENCY SIGNATURE

DATE