



REQUEST FOR DUAL EMPLOYMENT
(This form must be completed and signed before work has begun.)

Employee's Name:

Classification:

Personnel Number:

Description of Dual Employment Duties:

Dates of Dual Employment: Begin-

End:

Total Payment:

Is this an external grant or sponsored program?

If yes, name and fund center of grant or program:

If you do not know the fund center for the grant or sponsored program, contact Kelly Robinson at ext. 2233

Employee Signature

Date

Signature of Supervisor

Date

Signature of Dean/Director

Date

Signature of Human Resources

Date

Signature of Vice President/President

Date

Dual employment assignment shall not interfere with the employee's primary job duties. In order to be paid, this additional work must clearly be outside the employee's normal duties and responsibilities. Rate of pay will be determined by the classification of the position as certified by Human Resources. Requested dual employment is necessary to the proper functioning of the University and is not in violation of the Code of Ethics, the Administrative Code of 1929, or the State Adverse Interest Act.

In most cases, payment will be made following completion of work. If other payment schedule is requested, please attach an explanation.

In signing below, I certify that payment should be made for the work completed as described above, and the dual employment has not interfered with the employee's normal duties.

Signature of Supervisor

Date

SEND COMPLETED FORM TO THE HUMAN RESOURCES OFFICE FOR PAYMENT

