

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 employeerly be outside the employee's normal duties and responsibile as certified by Human Resources. Requested dual employment violation of the Code of Ethics, the Administrative Code of 192	ities. Rate of pay will be is necessary to the prope	e determined by the classification of the position or functioning of the University and is not in
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

