REQUEST FOR DUAL EMPLOYMENT

TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

EMPLOYEES NAME	SOCIAL SECURITY NUMBER	DUAL EMPLOYMENT BUREAU OR INSTITUTION

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:

REQUESTED PAY RANGE AND STEP: OTHER RATE OF PAY: $ PER	RATE OF PAYMENT IS STIPULATED IN COMMONWEALTH PAY SCHEDULE COMMONWEALTH MEDICAL FEES SCHEDULE FEDERAL GRANT NO. _____ EXECUTIVE BOARD RESOLUTION NO.	TOTAL PAYMENT REQUESTED

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.

[ ]APPROVED [ ]DISAPPROVED

SIGNATURE OF SUPERVISOR OF DUAL EMPLOYMENT	SIGNATURE OF AGENCY INTERMEDIATE	SIGNATURE OF HEAD OR DESIGNER OF REQUESTING AGENCY
DATE SIGNED TELEPHONE NUMBER	DATE SIGNED	DATE SIGNED

10 BE COMPLETED BY EMPLOYEE'S PRIMARY AGENCY

PRIMARY AGENCY	PRIMARY EMPLOYMENT BUREAU OR INSTITUTION
PRESENT CLASS TITLE	PRESENT PAY RANGE
PRESENT WORK SCHEDULE	OTHER RATE OF PAY:

THE DUAL EMPLOYMENT WILL NOT INTERFERE WITH THE EMPLOYEES PRIMARY DUTIES AND IS APPROVED BY THIS AGENCY.

[ ]APPROVED [ ]DISAPPROVED

SIGNATURE OF SUPERVISOR OR AGENCY INTERMEDIATE	SIGNATURE OF HEAD OR DESIGNEE OF EMPLOYEES PRIMARY AGENCY
DATE SIGNED TELEPHONE NUMBER	DATE SIGNED

Print Form