

REQUEST FOR DUAL EMPLOYMENT

See Management Directive 525.11

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

EMPLOYEE NAME	PERSONNEL NUMBER N/A	DUAL EMPLOYMENT BUREAU OR INSTITUTION
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REQUESTED JOB TITLE AND DESCRIPTION OF DUAL EMPLOYMENT DUTIES:

DATES OF DUAL EMPLOYMENT (AUTHORIZATION MAY NOT BE EFFECTIVE FOR MORE THAN ONE YEAR)	TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE DONE (E.G. 7:00 – 9:00 P.M. EACH WEDNESDAY FOR 7 WEEKS)
BEGIN:	
END:	
REQUESTED PAY GROUP _____ AND LEVEL _____ OR OTHER RATE OF PAY \$ _____ PER _____	RATE OF PAYMENT IS STIPULATED IN <input type="checkbox"/> COMMONWEALTH PAY SCHEDULE <input type="checkbox"/> COMMONWEALTH MEDICAL FEES SCHEDULE <input type="checkbox"/> FEDERAL GRANT # _____ <input type="checkbox"/> EXECUTIVE BOARD RESOLUTION # _____
	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, 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 DESIGNEE OF REQUESTING AGENCY
DATE SIGNED	TELEPHONE NO.	DATE SIGNED
		DATE SIGNED

B. TO BE COMPLETED BY EMPLOYEE'S PRIMARY AGENCY

PRIMARY AGENCY	PRIMARY EMPLOYMENT BUREAU OR INSTITUTION
PRESENT JOB TITLE	PRESENT P. S. GROUP _____ AND P.S. LEVEL _____
PRESENT WORK SCHEDULE	OTHER RATE OF PAY: \$ _____ PE _____

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 OR DESIGNEE OF EMPLOYEE'S PRIMARY AGENCY
DATE SIGNED	DATE SIGNED
TELEPHONE NO.	

Request for Dual Employment

The purpose of the Request for Dual Employment form is to notify the Provost and Personnel office that an employee is requesting approval from their dean or supervisor to be compensated for activities in addition to their regular duties. The form should be completed each time that an individual currently employed by the University or State System of Higher Education could be receiving additional compensation through grant funds, for work performed in addition to their regular duties. This form should be completed at the start of the grant.

The grant director should initiate the process of completing section A of the form. This section includes the:

1. Employee's name.
2. Social Security number. **N/A for Shippensburg University employees.**
3. Dual employment bureau or institution is Shippensburg University in cases where the individual is a current employee.
4. Requested class title and description of dual employment duties should indicate the individual's employment classification (example assistant professor step D) and the duties they will be performing through dual employment (example conducting communication seminar).
5. Date(s) of dual employment should provide the dates which the individual will be performing the additional duties. For example, it may be a date on which they are conducting a workshop or it may be a time frame in which they will be involved in a project.
6. Period when dual employment services will be done is to indicate when the employee will be performing the duties of the dual employment. This time should not conflict with the employee's regular work schedule.
7. Requested pay range should provide the rate of pay. For workshops or individual consultation this is usually indicated on an hourly basis.
8. The rate of payment is the Commonwealth pay schedule.
9. Total payment requested should indicate the maximum amount that the individual will receive over the lifetime of the dual employment authorization (the time period as indicated in 5) for the grant if all work is performed.
10. The justification section is to be used to describe the type of work that is to be performed and the qualifications that the employee has to have to perform the work. This justification can be completed in four or five sentences.
11. The director of the grant should sign the request as the supervisor of dual employment.
12. The Dean of the college where the employee has their regular assignment signs as the agency intermediate. In cases where the grant director is to receive the additional compensation, their dean would sign as supervisor of dual employment (11). When these signatures are obtained the form should be emailed to the Institute for Public Service and Sponsored Programs <ipssp@ship.edu> . It will then be forwarded from there for final signatures and processing.