

REQUEST FOR DUAL EMPLOYMENT

See Management Directive 525.11.

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

EMPLOYEE'S NAME	SOC. SEC. NO.	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 GONE (E.G., 7:00-3:00 EACH WEDNESDAY FOR 7 WEEKS)
--	---

REQUESTED PAY RANGE _____ AND STEP _____ 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, 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 DESIGNEE OF REQUESTING AGENCY
DATE SIGNED	TELEPHONE NO.	DATE SIGNED

B. TO BE COMPLETED BY EMPLOYEE'S PRIMARY AGENCY

PRIMARY AGENCY	PRIMARY EMPLOYMENT BUREAU OR INSTITUTION
PRESENT CLASS TITLE	PRESENT PAY RANGE _____ AND STEP _____ OR
PRESENT WORK SCHEDULE	OTHER RATE OF PAY: \$ _____ PER _____

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	TELEPHONE NUMBER
DATE SIGNED	DATE SIGNED