

## REQUEST FOR DUAL EMPLOYMENT

TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT			
EMPLOYEE'S NAME	PERSONNEL 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 <input type="checkbox"/> COMMONWEALTH PAY SCHEDULE <input type="checkbox"/> FEDERAL GRANT NO. <input type="checkbox"/> STATE GRANT 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 function of this agency. The employee 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 OR SUPERVISOR OF DUAL EMPLOYMENT	SIGNATURE OF PROVOST	SIGNATURE OF GRANT ACCOUNTANT	SIGNATURE OF DIRECTOR OF HUMAN RESOURCES
DATE SIGNED	DATE SIGNED	DATE SIGNED	DATE SIGNED