



Request for Dual Employment Form

HR Recruiting Form #10-05

Dual Employment Agency: _____
(Name of Secondary Department)

Employee Name: _____ Phone: _____

Description of secondary work to be performed:

Date Secondary employment begins: _____ Date ends: _____

Hours & Days of Secondary work _____

Justification for Secondary employment:

This employment is necessary to the proper functioning of this agency. This 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.

Signature: _____ Date: _____

(Supervisor of Secondary employment)

PAYROLL SERVICES

Current Pay Range and Step _____

Total payment for Secondary employment _____

(HR Initials)

PRIMARY DEPARTMENT

Department _____ Current Position _____

Current work schedule _____

This dual employment will NOT interfere with the employee's primary duties and is approved.

(Supervisor of Primary Employment) (Date)

(President) (Date)