

MANSFIELD UNIVERSITY DUAL EMPLOYMENT

Request for payment for extra services – (See Management Directive 525.11)

(For Internal Use Only)

PART I: TO BE PREPARED BY DEPARTMENT REQUESTING DUAL EMPLOYMENT

Employee Name: _____

Date Initiated: _____

Department: _____

Cost Center: _____

Description of work including name of course (if applicable):

Dates of Employment: Begin: _____

End: _____

Number of Hours Worked (if Applicable): _____ Salary/Hourly Rate: \$ _____

Comments:

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PART II: APPROVALS

Prior approval is necessary for requesting dual employment. The dual employment will not interfere with the employee's primary duties, and it is not in violation of the Code of Ethics, the Administrative Code of 1929, or the State Adverse Interest Act.

Routing order: (a), (b), (c), (d), (e), (f) then submit to Payroll, Alumni Hall 106 for processing.

(a) _____
Authorization of Dual Employment Date
(Office Accountable for Funding)

(b) _____
Supervisor/Chairperson Date
(Primary Department)

(c) _____
Employee Signature Date
(Person Responsible for Fulfilling the Duties)

(d) _____
Cabinet Member Date
(Accountable for Funding)

(e) _____
Human Resources Date

Signed by individual responsible for ensuring work is complete. (f) _____

Must be signed after Dual Employment has ended.

Authorization of Dual Employment Date

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Payroll initials: _____ Pay Date: _____

c: Business Support Services

Dual Employment/Compensation payments are payments for work performed outside the employee's normally assigned duties, department and/or work schedule.

Description of work (*continued*):

Comments (*continued*):