

REQUEST FOR DUAL EMPLOYMENT

(Other PASSHE Institution)

See Management Directive 525.11

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

EMPLOYEE NAME	PERSONNEL NUMBER	DUAL EMPLOYMENT 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) BEGIN: END:	TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE DONE (E.G.7:00 – 9:00 P.M. EACH WEDNESDAY FOR 7 WEEKS)
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REQUESTED PAY GROUP _____ AND LEVEL _____ OR OTHER RATE OF PAY \$ _____ PER _____	RATE OF PAYMENT IS STIPULATED IN <input type="checkbox"/> PAY SCHEDULE <input type="checkbox"/> FEDERAL GRANT # _____ <input type="checkbox"/> STATE GRANT # _____ <input type="checkbox"/> OTHER _____	TOTAL PAYMENT REQUESTED \$ _____
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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, SUPERVISOR OF DUAL EMPLOYMENT	SIGNATURE, CABINET MEMBER	SIGNATURE, HUMAN RESOURCES
DATE SIGNED	DATE SIGNED	DATE SIGNED

B. TO BE COMPLETED BY EMPLOYEE'S PRIMARY AGENCY

PRIMARY DEPARTMENT	PRIMARY 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, SUPERVISOR	SIGNATURE, CABINET MEMBER	SIGNATURE, HUMAN RESOURCES
DATE SIGNED	DATE SIGNED	DATE SIGNED

