

REQUEST FOR DUAL EMPLOYMENT

Please complete Section I below and submit to the Department of Human Resources before a salary commitment is made to the employee and prior to the dual employment occurring. After Section II has been approved by the Department of Human Resources, the Personnel Action Form (PAF) can then be prepared, approved, and processed in Great Plains (GP).

SECTION I

Employee's Name: _____ ID#: _____

FULL-TIME Department Information	
Dept Name:	
Dept Code:	
Title:	
Title Code:	
Grade/Step:	
Rate:	
Dept Contact:	Ext.

REQUESTING Department Information	
Dept Name:	
Dept Code:	
Title:	
Title Code:	
Grade/Step:	
Rate:	
Dept Contact:	Ext.

Approximate Duration of Dual Employment: _____ To: _____

If the full-time position is exempt, please state the time to be worked in the dual employment appointment on line 'A' as a *fixed* percentage. If the full-time position is non-exempt, please state the *maximum* time to be worked as a number of hours per day, week or month on line 'B.'

A. Exempt: _____ % of full time per month

B. Non-Exempt: _____ Hours Per: Day Week Month

Reason for Dual Employment:

Description of Duties:

*Note: All time worked over and above 40 hours in a standard workweek by a **non-exempt** employee must be compensated at the appropriate overtime rate by the department(s) **in which the time was actually worked**. See the attached illustration for guidance.*

X

(Print) Full-Time Dept. Head Name Approval Signature Date

X

(Print) Requesting Dept. Head Name Approval Signature Date

SECTION II – To be completed by the Department of Human Resources

Approved Title: _____ Eligible for Premium OT?: YES NO

- If position is **exempt**, fixed monthly amount to be effected in GP (Rate x Percentage to be worked): \$ _____ /month
- If position is **non-exempt**, hourly rate to be effected in GP: \$ _____ /hour

Decision: Approved Denied HR Consultant: _____ Date: ____ / ____ / ____

Notes: _____