1. Dual employment applies to staff appointments only. If an academic appointment is involved, do not use this form; other policies and approvals apply as required by local procedures.
2. Please complete Sections I and II and submit this form to Human Resources.

(Note: Approval is required before a salary commitment is made to the employee and prior to the commencement of the dual employment appointment.)

Date:\_\_\_\_\_\_\_\_\_\_\_ Dual Employment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dual Employment End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION I – EMPLOYEE/DEPARTMENT INFORMATION** |
| **Employee Name:** | **ID #:** |
| ***HOME*** *Department* | ***REQUESTING*** *Department* |
| Dept Name: |  | Dept Name: |  |
| Title: |  | Title: |  |
| Job Code: |  | Job Code: |  |
| Grade: |  | Grade: |  |
| Step: |  | Step: |  |
| Pay Rate: |  | Pay Rate: |  |
| Appt Percentage: |  | Appt Percentage: |  |
| FLSA Status: | [ ] Exempt [ ] Non-exempt | FLSA Status: | [ ] Exempt [ ] Non-exempt |
| Bargaining Unit: |  | Bargaining Unit: |  |
| Dept Contact: |  | Dept Contact: |  |
| *Business Justification for Dual Employment:* |
| *Description of Duties: (or attach job description)* |

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| **SECTION II – DEPARTMENT APPROVALS** |
| Employee Name (Print/Type): | Signature: Date: |
| Home Dept Head Name (Print/Type): | Signature: Date: |
| Requesting Dept Head Name (Print/Type): | Signature: Date: |
| Other[[1]](#footnote-1) Name (Print/Type): | Signature: Date: |

**-OVER-**

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| **SECTION III – To be completed by Human Resources** |
| Meets all dual employment criteria?(For staff see PPSM 30, Section III.B.10.a-g) | [ ] YES [ ] No[[2]](#footnote-2)If not, please explain: |
| FLSA Status During Dual Employment: | [ ] Exempt [ ] Non-exempt |
| **Exempt:** Fixed biweekly or monthly amount(Rate x Percentage to be worked)[[3]](#footnote-3): | $ /biweekly$ /monthly | **DOS Code: DEE** |
| **Non-exempt:** Hourly rate: | $ /hour | **DOS Codes: DES and DEP** |

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| **APPOINTMENT APPROVAL** |
| Human Resources (Print/Type Name):  | Signature: Date: |
| [ ] **APPROVED**  [ ] **NOT APPROVED**Chancellor/Designee Name (Print/Type): | Signature: Date: |

1. *Other approval as required by local procedures.* [↑](#footnote-ref-1)
2. *Appointment must be approved as an exception.* [↑](#footnote-ref-2)
3. *Dual Employment appointment only.* [↑](#footnote-ref-3)