



Dual Employment Form

Section One REQUESTING (SECONDARY) AGENCY/DEPARTMENT

AGENCY/DEPARTMENT NAME			
SECTION/DEPARTMENT			INDEX #
ADDRESS		TELEPHONE #	
EMPLOYEE ID#	EMPLOYEE NAME		FLSA

DESCRIPTION OF SERVICES TO BE PERFORMED:

START DATE:	START TIME*: A.M.	HOURLY RATE*:	GROSS SALARY:
END DATE:	END TIME*: A.M.	TOTAL HOURS*:	EMPLOYER CONTRIBUTIONS*:
			TOTAL SALARY:

EMPLOYEE OPTION: *Please note that a non-response would result in prorating the salary earned prior to the official hire date.*
 Under extenuating circumstances in which you earn salary prior to your official hire date how would you like your salary treated?
 Prorated over the remainder of the assignment (marginal tax rate impact) A one-time total due in first paycheck (higher one-time tax rate)

EMPLOYEE SIGNATURE	DATE
AUTHORIZED REQUESTING AGENCY/DEPARTMENT SIGNATURE	DATE
OTHER SIGNATURE (If Required)	DATE

Section Two EMPLOYING/HOME AGENCY/DEPARTMENT

AGENCY/DEPARTMENT NAME			
SECTION/DEPARTMENT			INDEX #
ADDRESS		TELEPHONE #	
CLASS CODE:	SLOT:	FLSA:	CURRENT ANNUAL SALARY:
NORMAL WORK HOURS	FROM:	A.M.	TO: A.M.

IS THE REQUESTING AGENCY AUTHORIZED TO PAY THE EMPLOYEE TRAVEL/SUBSISTENCE? YES NO
 IF NECESSARY, HAVE ARRANGEMENTS BEEN MADE FOR THE EMPLOYEE TO TAKE ANNUAL LEAVE OR LEAVE WITHOUT PAY TO RENDER THE SERVICES DESCRIBED? N/A YES (attach leave form) NO

AUTHORIZED HOME AGENCY/DEPARTMENT SIGNATURE	DATE
OTHER SIGNATURE (If Required)	DATE

COMMENTS:

Section Three SCSU HUMAN RESOURCES/BUDGET SIGNATURE

HUMAN RESOURCES SIGNATURE	DATE
BUDGET OFFICE SIGNATURE	DATE