

**UNIVERSITY HUMAN RESOURCES
UNIVERSITY STAFFING
REQUEST FOR DUAL EMPLOYMENT FORM**

Part I. Employee Information (Please Print or Type)

Name: _____ SS#: _____	
Last	First MI
Current Position Title: _____	
School/Department: _____	Org. Code: _____
Employee Phone Number: _____	Email: _____

Part II. Justification of Dual Employment Request

The University's policy is to strictly control dual employment situations. Dual employment is approved only on a temporary basis and for compelling business reasons. Explain below why the dual employment is necessary and outline other staffing options or alternatives that have been considered.

Part III. The Above-Named Employee is Requested to Work Temporarily in the Capacity Described Below:

Duties/Position requirements:

Approx. No. Hours/Wk To Be Worked: _____

Approx. Length of Time Employee Will Be Needed: _____

Requested Effective Date: _____

IV. Dual Employment Approval

A. Current Supervisor Approval

The above named employee has my approval to work as described above as long as the dual employment has no adverse effect on his/her primary job.

Current Supervisor Signature

Date

B. Requesting Department Approval

I understand that dual employment must be handled through UVaTemps and that I will be responsible for the correct payment of overtime as required by the Fair Labor Standards Act. I also understand that my department account will be assessed a processing fee if the request is approved.

Department Name: _____

PTAEO: _____ Org. Code: _____

Phone: _____ Email: _____

Dual Supervisor Signature

Date

Department Head Signature

Date

C. **Human Resources Action:** Approved Disapproved

Role Titled: _____ Code: _____

Straight Time Rate: _____ Bill Rate: _____

Overtime Rate: _____ Bill Rate: _____

Approved Effective Date: From _____ To _____

Human Resources Signature

Date