



DUAL EMPLOYMENT REQUEST FORM

1. Name of Employee:	2. PID:
Phone: ()	Request Date:

Section A.

I hereby attest that I am not currently dually employed or seeking dual employment with Tallahassee State College. I further attest that if I seek or am offered dual employment with TSC, I will first notify my current supervisor and will follow the procedure outlined in TSC Administrative Procedure. I understand that my acceptance of dual employment with TCC is subject to approval.

Signature _____

Date _____

Section B. Complete *only* if seeking Dual Employment.

	CURRENT PRIMARY EMPLOYMENT	REQUESTED SECONDARY EMPLOYMENT
3. Position Title:		
4. Department:		
5. Division/Office/Section:		
6. Supervisor:		
7. Position Number:	Position Number: _____ Overtime Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Number: _____ Overtime Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Regular Rate of Pay	Hourly \$ _____ OR Monthly \$ _____	Hourly \$ _____ OR Monthly \$ _____
9. Work Schedule: (Attach add'l sheets if needed)	Daily: _____ a.m./p.m. _____ a.m./p.m. Days of Week: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S Credit Hours: _____	Daily: _____ a.m./p.m. _____ a.m./p.m. Days of Week: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S Credit Hours: _____
10. Period of Employment	From: _____ To: _____ <input type="checkbox"/> Continuous	From: _____ To: _____ <input type="checkbox"/> Continuous
11. Budget Information:	Budget#: _____ <input type="checkbox"/> Reg. Est. Position <input type="checkbox"/> OPS/Adjunct/PSC	Budget#: _____ <input type="checkbox"/> Reg. Est. Position <input type="checkbox"/> OPS/Adjunct/PSC
12. Request: (Check as appropriate)		
Current Primary Employment Assignment:	<input type="checkbox"/> Executive/Administrative <input type="checkbox"/> M/P <input type="checkbox"/> Adjunct <input type="checkbox"/> OPS	<input type="checkbox"/> Faculty <input type="checkbox"/> Classified Staff <input type="checkbox"/> Professional Service Contract
Requested Secondary Employment Assignment:	<input type="checkbox"/> Executive/Administrative <input type="checkbox"/> M/P <input type="checkbox"/> Adjunct <input type="checkbox"/> OPS	<input type="checkbox"/> Faculty <input type="checkbox"/> Classified Staff <input type="checkbox"/> Professional Service Contract
13. Employee Agreement And Waiver: This is to certify that the hours indicated above are accurate, outside my normal working hours in my primary employment and do not interfere with my primary employment. I accept that this secondary employment outside of my primary employment or in excess of one established position requires College approval which may be denied. Further, I understand that the approval of this employment may be withdrawn or terminated with two (2) weeks prior notice for cause or without cause at the discretion of the College. I also accept that I may establish rights in only one position and that I may not receive benefits in excess of one full-time established position from all combined employment.		

Employee Name (Print Name)

(Signature)

Date

14. Human Resources Must Complete This Section:

HR Department must review dual employment requests to ensure that the dual employment will not interfere with the employee's ability and availability to perform his/her primary assigned duties with the College; the dual employment does not have the appearance of a conflict of interest; the dual employment does not have overtime liability; and the dual employment does not result in total hours worked for TSC to be 25 per week or greater.

Action Taken: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible		
HR Director (Print Name)	(Signature)	Date

15. The Primary Employing Department Must Complete This Section:
 The additional duties for the secondary employer as indicated above will not be performed during the employee’s working hours with this department, will not involve a conflict of interest with the employee’s regular assigned duties in this department, and will not involve the use of any space, personnel, equipment or supplies furnished by this department.

Further, the requested dual employment will not impede to mission, goals and/or service provided by the employee’s primary employment assignment and will not exceed the approved hours as stated above.

Action Taken: Approved Disapproved

Supervisor (Print Name)	(Signature)	Date
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16. Secondary Employer Agreement (Must be completed only if recommending for hire):
 The justification for the dual employment request and a copy of the employee’s position description/primary duties are attached. The requesting employee has the specific skills, training and abilities for this immediate need, and hiring in a dual employment capacity at this time is **in the best interest of the College**.

Further, as the secondary employer, you are responsible for notifying the employee, HR, and the primary supervisor of any changes to hours, job duties, etc. and ensuring that the assignment will not exceed the approved hours as stated above.

Secondary Supervisor (Print Name)	(Signature)	Date
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17. Executive Team Member Must Complete This Section:

Action Taken: Approved Disapproved

Executive Team Member (Print Name)	(Signature)	Date
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Instruction Guide: The filing and submission of the College form, TSC Dual Employment Request, is the responsibility of the requesting employee. The form should be either typed or printed legibly in ink.

The requesting employee should fill in blocks 1-13. The requesting employee may seek assistance of HR in completing blocks 5-12 if needed. The secondary department must agree to the FLSA requirements of computing and compensating overtime, if applicable, as indicated by HR. The Human Resources Director or the designated representative must sign and date block 14 prior to beginning the hiring process.

Instructions for filling out a request for Dual Employment (TSC/HRM/DUAL)

1. **Employee name:** Full name – First, MI, Last
2. **PID:** Employee ID number

Section A. – Attestation: Complete this section to indicate your current dual employment status.

Section B. – Dual employment:

3. **Position Title:** Complete position title for both positions.
4. **Current and Requested Department:** Complete the Department name for the current and requested department.
5. **Office/Division/Section:** Complete the Office/Division/Section name for the current and requested department.
6. **Supervisor:** Complete the Supervisor’s name for the current and requested department.
7. **Position Number:** Position number or indicate Other Personal Service (OPS). **Overtime Eligibility:** (check one) Select whether your position is eligible to receive overtime pay.
8. **Regular Rate of Pay:** Hourly pay rate or Monthly salary.
9. **Work Schedule:** Secondary employment cannot be during primary employment work schedule or interfere with the primary department’s work requirements.
10. **Period of Employment:** Inclusive dates or term of employment, if applicable.
10. **Budget Information:** (check one) Designate the budget number for this employment and whether through salaries or OPS funds for OPS workers.
11. **Full-time Equivalent (FTE):** FTE is based on number of hours per week. 1 FTE equals 40 hours per week.
12. **Request:** (check one) Indicate what is being requested (1) employment in more than one OPS position; (2) compensation simultaneously from different assignments (i.e., Classified Staff in the primary department and OPS in the secondary department).
14. **Employee Agreement and Waiver.** The requesting employee or, OPS worker, must acknowledge and accept the conditional provisions of dual employment prior to any approval.
15. **Secondary Department Agreement.** The secondary department must provide a copy of the position description or assigned duties and responsibilities and ensure that all relevant documentation accompanies the form for the primary department to review and must agree to the method of calculating overtime.
16. **Primary Department Approval block.** The primary department must review the conditions of employment and either approve or disapprove the requested action.