REQUEST FOR DUAL EMPLOYMENT

EBB ebblachipebeb iain Madadadalahadab SECTION I Employee's Name: ID#: Secondary employment work schedule including hours of work: State the drini)dal 11/e 52/deans02 (e) e062 Ee) (p) 604 Ee) (p) 605 Fe) (p) 607 (e) 507 (e) 507 (e) 507 (e) 607 (e) 6 certify that the requested part time dual employment request is not related to or a part of the position for which the employee was hired and will not interfere with the employee's normal working hours. I understand that I am agreeing to a pre -determined regular pay rate as compensation for the secondary employment position I have accepted. The secondary emplo yment position is in a different occupational category from my primary position; it is conducted sporadically and/or infrequently and it is done on a voluntary basis. Signature (Print) Employee Name Date (Print) Primary Supervisor Signature Date (Print) Secondary Supervisor Signature Date SECTION II - To be completed by HR O Decision: Approved Denied Date: HRO Representative