

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

**Part I. Employee Information (Please Print or Type)**

Name: _____ Employee ID: _____		
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: \_\_\_\_\_

**Part 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 Title: \_\_\_\_\_ Code: \_\_\_\_\_

Straight Time Rate: \_\_\_\_\_ Bill Rate: \_\_\_\_\_

Overtime Rate: \_\_\_\_\_ Bill Rate: \_\_\_\_\_

Approved Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature Date