DUAL EMPLOYMENT REQUEST FORM

University Human Resources
914 Emmet Street
P.O. Box 400127
Charlottesville, VA 22904-4127
Fax: (804) 924-6911

Part I. Employee Information (Please Print or Type)

Name: _____ _____ ____ SS#: _____
Last First MI

Current Position Title: _____

Current Department Name: _____

Name of Immediate Supervisor: _____

Employee's Phone Number: _____

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. Request Above Employee To Work Temporarily In The Capacity Described Below:

Duties/Position requirements:

OVER

Approximate Number of Hours/Week To Be Worked: _____

Approximate 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: _____

FAS Account Number _____ Home Dept. Code _____

Phone: _____

_____ _____

Hiring Official Signature Date

_____ _____

Department Head Signature Date

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

Approved Job Class: _____

Approved Straight Time Rate: _____ Bill Rate: _____

Approved Overtime Rate: _____ Bill Rate: _____

Approved Effective Date: From _____ To _____

_____ _____

Human Resources Signature Date