**UNIVERSITY OF CALIFORNIA: REQUEST FOR DUAL EMPLOYMENT**

**(STAFF APPOINTMENTS ONLY[[1]](#footnote-0))**

Please complete Sections I and II and submit this form to Human Resources. Note that before a salary commitment is made to the employee and prior to the commencement of the dual employment appointment, Section III must be completed by Human Resources and approved.

Date:\_\_\_\_\_\_\_\_\_\_ Dual Employment Start Date: \_\_\_\_\_\_\_\_\_\_ Dual Employment End Date: \_\_\_\_\_\_\_\_\_\_

| **SECTION I – EMPLOYEE/DEPARTMENT INFORMATION** |
| --- |
| **Employee’s Lived Name:** | **ID #:** |
| ***FULL-TIME*** *Department* | ***REQUESTING*** *Department* |
| Dept Name: |  | Dept Name: |  |
| Title: |  | Title: |  |
| Job Code: |  | Job Code: |  |
| Grade: |  | Grade: |  |
| Step: |  | Step: |  |
| Pay Rate: |  | Pay Rate: |  |
| Appt Percentage: |  | Appt Percentage: |  |
| FLSA Status: | ☐Exempt ☐Non-exempt | FLSA Status: | ☐Exempt ☐Non-exempt |
| Bargaining Unit: |  | Bargaining Unit: |  |
| Dept Contact: |  | Dept Contact: |  |
| *Business Justification for Dual Employment:* |
| *Description of Duties: (or attach job description)* |

*NOTE: All time worked over 40 in a standard workweek by a* ***non-exempt*** *employee must be paid at the appropriate overtime rate by the department(s)* ***in which the time was actually worked****.*

| **SECTION II – DEPARTMENT APPROVALS** |
| --- |
| **Employee** **Signature:**Print Lived Name: | Date: |
| **Full-time Dept Supervisor Signature:**Print Lived Name: | Date: |
| **Full-time Dept Head Signature:**Print Lived Name: | Date: |
| **Requesting** **Dept Supervisor Signature:**Print Lived Name: | Date: |
| **Requesting Dept Head Signature:**Print Lived Name: | Date: |
| **Other[[2]](#footnote-1)** **Signature:**Print Lived Name: | Date: |

**-OVER-**

**UNIVERSITY OF CALIFORNIA: REQUEST FOR DUAL EMPLOYMENT** (continued)

| **SECTION III – To be completed by Human Resources** |
| --- |
| Meets all dual employment criteria?(For staff see PPSM 30, Section III.B.10.a-g) | ☐YES ☐No[[3]](#footnote-2)If not, please explain: |
| FLSA Status During Dual Employment: | ☐Exempt ☐Non-exempt |
| **Exempt:** Fixed biweekly or monthly amount(Rate x Percentage to be worked)[[4]](#footnote-3): | $ /biweekly$ /monthly | **DOS Code: DEE** |
| **Non-exempt:** Hourly rate: | $ /hour | **DOS Codes: DES and DEP** |
| **Academic Personnel Sign-Off:** Print Lived Name: | Date: |
| **Human Resources Sign-Off:** Print Lived Name: | Date: |
| ☐**APPROVED**  ☐**NOT APPROVED*****Chancellor/Designee Signature:***Print Lived Name: | Date: |

1. *Dual Employment applies to staff appointments only. If an academic appointment is involved, do not use this form; other policies and approvals apply.* [↑](#footnote-ref-0)
2. *Other approval as required by local procedures.* [↑](#footnote-ref-1)
3. *This would have to be approved as an exception.* [↑](#footnote-ref-2)
4. *Dual Employment appointment only.* [↑](#footnote-ref-3)