

## **Internal Dual Employment Request Form**

SWM-0040 (Est. 08/2024)

Requesting (Secondary) Department					
Personnel Number: Employee Name: (Last, First, Middle)					
Department Name:					
Description of Job Duties to be Performed (if you require additional space, please attach additional pages):					
Duration of Job Duties and Proposed Compensation					
			ompensation:	mpensation:	
			tal Gross Salary:		
To: To:	To: Tra		evel & Subsistence:		
	ricars per ricem		urly Rate (if applicable):		
<b>IMPORTANT:</b> Employees must give the primary and secondary employer advanced notice of all leaves of absence related to military service.					
Employee Signature:		Date			
Authorized Requesting Agency Signature:		Date			
HR Department Signature:			D	ate	
Employing (Primary) Agency/Department					
Agency Code/Name:					
Dept. Name:					
Class Code:	Exempt	Non-Exempt	Pay Basis:		
Description of Primary Duties:					
Actual Base Salary:	Supplement:		Total Salary	:	
Annualized Base Salary:					
Normally scheduled hours of work (include AM or PM): From:			То:		
Is the requesting agency authorized to pay the employee travel and subsistence?			Yes:	No:	
If necessary, have arrangements been made for employee to take annual leave or leave without pay to render the services described?			Yes:	No:	
Authorized Employing Agency Signature:		Date			
HR Department Signature:		Date			
To be Completed the by Division of State Human Resources (DSHR)					
SHR Comments: Approved: Dis		Disapp	approved:		
Division of State Human Resources Director or Designee:			I	Date	

IMPORTANT: Please make sure to include copies of the primary and secondary position descriptions when submitting a Dual Employment Request. Click "Submit Form" and an email will populate; include any attachments to the email before submitting.