

REQUEST FOR DUAL EMPLOYMENT

Please complete Section I below and submit to Campus Human Resources, 10920 Wilshire Boulevard, Suite 200, MC: 146548, before a salary commitment is made to the employee, and prior to the dual employment occurring. After Section II has been approved by Campus Human Resources, the personnel transaction can then be processed online in the Employee Data Base (EDB) System.

SECTION I

Employee's Name: _____ ID#: _____

FULL-TIME Department Information	
Dept Name:	
Dept Code:	
Title:	
Title Code:	
Grade/Step:	
Rate:	
Dept Contact:	Ext.

REQUESTING Department Information	
Dept Name:	
Dept Code:	
Title:	
Title Code:	
Grade/Step:	
Rate:	
Dept Contact:	Ext.

Approximate Duration of Dual Employment: _____ To: _____

If the full-time position is exempt, please state the time to be worked in the dual employment appointment on line 'A' as a *fixed* percentage. If the full-time position is non-exempt, please state the *maximum* time to be worked as a number of hours per day, week or month on line 'B.'

A. Exempt: _____ Fixed amount per month (Monthly rate X % of time to be worked)

B. Non-Exempt: _____ Hours Per: Day Week Month

Reason for Dual Employment:

Description of Duties:

Note: All time worked over and above 40 hours in a standard workweek by a non-exempt employee must be compensated at the appropriate overtime rate by the department(s) in which the time was actually worked.

X

(Print) Full-Time Dept. Head Name Approval Signature Date

X

(Print) Requesting Dept. Head Name Approval Signature Date

SECTION II – To be completed by CHR

Approved Title: _____ Eligible for Premium OT?: YES NO

• If position is **exempt**, fixed monthly amount to be effected in EDB (Rate x Percentage to be worked): \$ _____ /month

• If position is **non-exempt**, hourly rate to be effected in EDB: \$ _____ /hour

Decision: Approved Denied Compensation Consultant: _____ Date: ____ / ____ / ____

Notes: _____