Commonwealth of Pennsylvania

Cost Center :_____

OA-338          Rev. 7-80

# REQUEST FOR DUAL EMPLOYMENT

See Management Directive 525.11.

**A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT**

| EMPLOYE'S NAME | SOC. SEC. NO. | DUAL EMPLOYMENT BUREAU OR INSTITUTION |
|---|---|---|
| | | |

REQUESTED CLASS TITLE AND DESCRIPTION OF DUAL EMPLOYMENT DUTIES

DATES OF DUAL EMPLOYMENT (AUTHORIZATION MAY NOT BE EFFECTIVE FOR MORE THAN ONE YEAR)

BEGIN:

END:

TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE GONE (E.G., 7:00-3:00 EACH WEDNESDAY FOR 7 WEEKS)

REQUESTED

PAY RANGE_____ AND STEP _____

OR

OTHER RATE OF PAY: $_____ PER _____

RATE OF PAYMENT IS STIPULATED IN

☐ COMMONWEALTH PAY SCHEDULE

☐ COMMONWEALTH MEDICAL FEES SCHEDULE

☐ FEDERAL GRANT # _____

☐ EXECUTIVE BOARD RESOLUTION # _____

TOTAL PAYMENT REQUESTED

$ _____

JUSTIFICATION FOR DUAL EMPLOYMENT AND RATE OF PAY (IF MORE SPACE IS NEEDED, USE REVERSE SIDE OF THIS FORM.)

Requested dual employment is necessary to the proper functioning of this agency. The employe's primary duties will not interfere with the dual employment, and the dual employment is not in violation of the Code of Ethics, the Administrative Code of 1929, or the State Adverse Interest Act.

☐ APPROVED          ☐ DISAPPROVED

_____     _____     _____

SIGNATURE OF SUPERVISOR OF DUAL EMPLOYMENT     SIGNATURE OF AGENCY INTERMEDIATE     SIGNATURE OF HEAD OR DESIGNEE OF REQUESTING AGENCY

_____  _____     _____     _____

DATE SIGNED     TELEPHONE NO.     DATE SIGNED     DATE SIGNED

**B. TO BE COMPLETED BY EMPLOYE'S PRIMARY AGENCY**

| PRIMARY AGENCY | PRIMARY EMPLOYMENT BUREAU OR INSTITUTION |
|---|---|
| PRESENT CLASS TITLE | PRESENT PAY RANGE _____ AND STEP _____ OR |
| PRESENT WORK SCHEDULE | OTHER RATE OF PAY: $ _____ PER _____ |

The dual employment will not interfere with the employe's primary duties and is approved by this agency.

☐ APPROVED          ☐ DISAPPROVED

_____     _____

SIGNATURE OF SUPERVISOR OR AGENCY INTERMEDIATE     SIGNATURE OF HEAD OR DESIGNEE OF EMPLOYE'S PRIMARY AGENCY

_____  _____     _____

DATE SIGNED     TELEPHONE NUMBER     DATE SIGNED

Forms\Dual Comp\1-16