

# REQUEST FOR DUAL EMPLOYMENT FOR MILLERSVILLE UNIVERSITY EMPLOYEES

## A: TO BE COMPLETED BY SUPERVISOR/DIRECTOR REQUESTING DUAL EMPLOYMENT

EMPLOYEE'S NAME:	EMPLOYEE'S <u>PRIMARY</u> DEPARTMENT:	FACULTY <input type="checkbox"/>	PERNER NO.
		STAFF <input type="checkbox"/>	

DEPARTMENT THAT IS REQUESTING DUAL EMPLOYMENT:	DESCRIPTION OF DUAL EMPLOYMENT DUTIES:
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<b>DATES OF DUAL EMPLOYMENT</b> (AUTHORIZATION MAY NOT BE EFFECTIVE FOR MORE THAN ONE YEAR):  BEGIN:  END:	<b>TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE DONE</b> (e.g., 7:00 - 9:00 p.m. each Wednesday for 7 weeks):
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<b>RATE OF PAYMENT STIPULATED BY:</b>  <input type="checkbox"/> PAY SCHEDULE: Pay range _____ And Step _____ <input type="checkbox"/> GRANT <input type="checkbox"/> MU FACULTY PROFESSIONAL DEVELOPMENT <input type="checkbox"/> OTHER RATE OF PAY: \$ _____ per _____	<b>SOURCE OF FUNDING:</b>  Department: _____ Cost Center / WBS/ Order: _____  TOTAL PAYMENT REQUESTED: \$ _____ (Check one) <input type="checkbox"/> Amount represents compensation to the employee <b>ONLY</b> - (Fringe benefits (retirement, social security, workers' compensation will be charged to the dept budget/grant in addition to this amount)  <input type="checkbox"/> Amount represents compensation to the employee <b>PLUS</b> employer cost of fringe benefits - (Fringe Benefits will be deducted from the Total Payment Requested)
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<b>JUSTIFICATION FOR DUAL EMPLOYMENT AND RATE OF PAY:</b>	(This area is shared with the funding source section above)
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FORM PREPARED BY: _____  PHONE NO.: _____  ASSIGNMENT/FUNDING APPROVED BY:  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature</span> <span>Date</span> </div>	<div style="border: 1px solid black; background-color: #e0f0ff; padding: 10px;"> <p><b>For Budget/Accounting Office Verification Only:</b></p> <p>_____ <b>Budget Signature</b> _____ <b>Date</b></p> <p>_____ <b>Accounting Signature</b> _____ <b>Date</b></p> </div>
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## B: TO BE APPROVED BY EMPLOYEE'S PRIMARY DEPARTMENT

**THE DUAL EMPLOYMENT WILL NOT INTERFERE WITH THE EMPLOYEE'S PRIMARY DUTIES AND IS APPROVED.**  
 (CHAIR, DEAN AND PROVOST MUST SIGN FOR **FACULTY**) (DIRECTOR AND VICE PRESIDENT/PROVOST MUST SIGN FOR **STAFF**)

DEPARTMENT CHAIR / DIRECTOR	APPROPRIATE DEAN	PROVOST / VICE PRESIDENT
DATE SIGNED	DATE SIGNED	DATE SIGNED

HUMAN RESOURCES	DATE SIGNED
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<b>HR TRANSACTIONS USE ONLY:</b> To Payroll <input type="checkbox"/> Date: _____
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