

# REQUEST FOR DUAL EMPLOYMENT FOR MILLERSVILLE UNIVERSITY EMPLOYEES

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

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

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| 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):<br><br>BEGIN:<br><br>END: | <b>TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE DONE</b><br>(e.g., 7:00 - 9:00 p.m. each Wednesday for 7 weeks): |
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| <b>RATE OF PAYMENT STIPULATED BY:</b><br><br><input type="checkbox"/> PAY SCHEDULE: Pay range _____ And Step _____<br><input type="checkbox"/> GRANT<br><input type="checkbox"/> MU FACULTY PROFESSIONAL DEVELOPMENT<br><input type="checkbox"/> OTHER RATE OF PAY: \$ _____ per _____ | <b>SOURCE OF FUNDING:</b><br><br>Department: _____<br>Cost Center / WBS/ Order: _____<br><br>TOTAL PAYMENT REQUESTED: \$ _____<br>(Check one)<br><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<br><br><input type="checkbox"/> Amount represents compensation to the employee <b>PLUS</b> employer cost of fringe benefits - (Fringe benefits are already included in this amount.) |
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| <b>JUSTIFICATION FOR DUAL EMPLOYMENT AND RATE OF PAY:</b> |  |
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| FORM PREPARED BY: _____<br><br>PHONE NO.: _____<br><br>ASSIGNMENT/FUNDING APPROVED BY:<br><br>_____<br><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**)

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| 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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