



Dual Employment Request Form

Request to Hold Multiple TCC positions

Must be submitted and approved annually by September 1

Section A.

Employee Name:	Phone Number:	Date Requested:
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Section B.

	CURRENT PRIMARY EMPLOYMENT	REQUESTED SECONDARY EMPLOYMENT
Position Title:		
Department:		
Division/Office/Section:		
Supervisor:		
Overtime Eligibility:	Yes No	Yes No
Regular Rate of Pay:		
Work Schedule:		
Period of Employment:	From: To:	From: To:
Budget Information:	Cost Center	Cost Center

Request: *(Check as appropriate)*

Current Primary Employment Assignment:	Executive/Administrative Adjunct Classified Staff	Managerial /Professional Professional Service Contract	Faculty OPS
Requested Secondary Employment Assignment:	Executive/Administrative Adjunct Classified Staff	Managerial /Professional Professional Service Contract	Faculty OPS

Employee Agreement and Waiver: This is to certify that the hours indicated above are accurate, outside my normal working hours in my primary employment and do not interfere with my primary employment. I accept that this secondary employment outside of my primary employment or in excess of one established position requires College approval which may be denied. Further, I understand that the approval of this employment may be withdrawn or terminated with two (2) weeks prior notice for cause or without cause at the discretion of the College. I also accept that I may establish employment rights in only one position and that I may not receive benefits in excess of one full-time established position from all combined employment. Employees whose primary job is non-exempt (or overtime eligible) are not permitted to work in another position within the College.

Employee Name (Print Name)

(Signature)

Date

The Primary Employing Department Must Complete This Section:

The additional duties for the secondary employer as indicated above will not be performed during the employee’s working hours with this department, will not involve a conflict of interest with the employee’s regular assigned duties in this department, and will not involve the use of any space, personnel, equipment or supplies furnished by this department.

Further, the requested dual employment will not impede the mission, goals and/or service provided by the employee’s primary employment assignment and will not exceed the approved hours as stated above.

Recommended Action Taken: **Approved** **Disapproved**

Primary Supervisor (Print Name) **(Signature)** **Date**

Secondary Employer Agreement (Must be completed only if recommending for hire):

The justification for the dual employment request and a copy of the employee’s position description/primary duties are attached. The requesting employee has the specific skills, training and abilities for this immediate need, and hiring in a dual employment capacity at this time is in the best interest of the College.

Further, as the secondary employer, I agree it is my responsibility to notify the employee, HR, and the primary supervisor of any changes to hours, job duties, etc. and ensuring that the assignment will not exceed the approved hours stated above.

Recommended Action Taken: **Approved** **Disapproved**

Secondary Supervisor (Print Name) **(Signature)** **Date**

Executive Team Member Must Complete This Section:

Recommended Action Taken: **Approved** **Disapproved**

Executive Team Member (Print Name) **(Signature)** **Date**

Human Resource Department Must Complete This Section:

HR Department must review dual employment requests to ensure that the dual employment will not interfere with the employee’s ability and availability to perform his/her primary assigned duties with the College; the dual employment does not have the appearance of a conflict of interest; the dual employment does not have overtime liability; and the dual employment does not result in total hours worked for TCC to be 25 per week or greater.

Primary TCC Position is: **Exempt from overtime** **Non-exempt from overtime** **Action Taken:** **Approved** **Disapproved**

Human Resource Director (Print Name) **(Signature)** **Date**

HR Notes and Comments: