

Internal Dual Request Form

This form should be submitted to the College of Arts and Sciences Office of the Dean via email to your assigned HR contact.

Unit Name:			Date:				
Contact Person:				Email:			
			Empl ID:				
			to				
*In accordance with HR	1.78 – Dual Employment, Ir	nternal Dual app	ointments cannot e	xceed 1 year.			
<u>Primary Job Information</u>			<u>A</u>	Additional Assignment Information			
Department:			Job Code (i.e. AA75):				
Faculty or Staff: Faculty Staff			Location(building):				
Job Code (i.e. AA75):			Supervisor:				
Business Unit (i.e. Columbia):			Supervisor Empl ID:				
FLSA Status: Exempt Non-Exempt			FLSA Status: Exempt Non-Exempt				
*If their primary job in non-exempt, their additional assignment is <u>required</u> to be non-exempt (hourly).							
Standard Hours: per week Hours to be worked: (AM/PM) to (AM/PM)							
Hourly Rate: or Base Pay Amount:					•	` ,	
	es for Additional Ass	<u>- 3</u>					
Funding:							
Operating Unit	Department	Fund	Class Field	PC Business Unit	Project	Activity	
Ear CAS Office of	the Dean Hee Only						
For CAS Office of the Dean Use Only: Dual Approval: APPROVED DENIED APPROVED WITH MODIFICATIONS (See comments below.)							
Approved Amount: to to							
*Subject to change pursuant to HR deadlines and processing time.							
Comments:							
Returned by:			ı	Init Notification Date	e:		