UCI Human Resources

Request for Dual Employment

Please submit approved forms to salaryactions@uci.edu

Section I			
Employee Name:		**ID #:**	

FULL-TIME Department Information	
Dept Name:	
Dept Code:	
Title Code:	
Title: Exempt or Non-Exempt	
Grade/Step:	
Rate:	
Dept Contact:	

REQUESTING Department Information	
Dept Name:	
Dept Code:	
Title Code:	
Title: Exempt or Non-Exempt	
Grade/Step:	
Rate:	
Dept Contact:	

Approximate Duration of Dual Employment: _____ To: _____

If the full-time position is exempt, please state the time to be worked in the dual employment appointment on-line "A" as a fixed percentage. If the full-time position is non-exempt, please state the maximum time to be worked as a number of hours per day, week or months online "B".

A. **Exempt:** _____ **% of full-time per month**

B. **Non-Exempt:** _____ **Hours Per:** ☐ **Day** ☐ **Week** ☐ **Month**

Reason for Dual Employment:

Description of Duties:

Note: All overtime worked in a standard workweek by a non-exempt employee must be compensated at the appropriate overtime rate by the department(s) ***in which the time was actually worked.***

Full-Time Dept. Head Name	**Approval Signature**	**Date**
Requesting Dept. Head Name	**Approval Signature**	**Date**

SECTION II – To be completed by CHR

Approved Title: _____ Eligible for Premium OT?: ☐ **Yes** ☐ **No**

- If position is **exempt**, fixed monthly amount to be effected in EBD (Rate x Percentage to be worked): $ _____ /month
- If position is **non-exempt**, hourly rate: $_____ /hour

Decision: ☐ Approved ☐ Denied Compensation Analyst:_____ Date:_____

Notes: _____