

Dual Employment Request

This form is used to request a dual employment agreement with another State Agency in North Carolina.

Justification for Proposed Dual Employment Agreement:	
Requesting Agency:	Date of Request:
Agency Contact:	Telephone Number:
Identify the specialized knowledge, skills or experience needed to accomplish this assignment:	
Describe the efforts to recruit a temporary employee (other than the employee proposed below) possessing the skills and abilities identified above:	

Proposed Dual Employment Arrangement:	
Beginning Date:	Ending Date:
Hours per week:	Amount of Payment: *
Work Schedule:	
* For wage-hour exempt employees only.	

Employee Proposed for Dual Employment:	
Employee Name:	Classification Title:
Social Security Number:	Position Number:
Department Name:	Wage-Hour Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Campus Address:	Current Work Schedule:
Current Annual Salary:	

Approval Certification:		
Borrowing Agency Department Head or designee: (print name)	Parent Agency Department Head: (print name)	Parent Agency Supervisor: (print name)
Signature:	Signature:	Signature:
Date:	Date:	Date:
Parent Agency Vice Chancellor Approval Signature:		Date:
Parent Agency Chancellor or designee's signature:		Date: