COMMONWEALTH OF PENNSYLVANIA

STD-338 REV 8-07

**REQUEST FOR DUAL EMPLOYMENT**

See Management Directive 525.11

A. TO BE COMPLETED BY SUPERVISOR REQUESTING DUAL EMPLOYMENT

EMPLOYEE NAME PERSONNEL NUMBER DUAL EMPLOYMENT BUREAU OR INSTITUTION

REQUESTED JOB TITLE AND DESCRIPTION OF DUAL EMPLOYMENT DUTIES:

DATES OF DUAL EMPLOYMENT (AUTHORIZATION MAY NOT BE EFFECTIVE TIME PERIODS WHEN DUAL EMPLOYMENT SERVICE WILL BE

FOR MORE THAN ONE YEAR) DONE (E.G.7:00 – 9:00 P.M. EACH WEDNESDAY FOR 7 WEEKS)

BEGIN:

END:

REQUESTED RATE OF PAYMENT IS STIPULATED IN TOTAL PAYMENT REQUESTED

PAY GROUP AND LEVEL  COMMONWEALTH PAY SCHEDULE

OR  COMMONWEALTH MEDICAL FEES SCHEDULE $

OTHER RATE OF PAY $ PER  FEDERAL GRANT #

EXECUTIVE BOARD RESOLUTION #

JUSTIFICATION FOR DUAL EMPLOYMENT AND RATE OF PAY (IF MORE SPACE IS NEEDED, USE REVERSE SISDE OF THIS FORM.)

Requested dual employment is necessary to the proper functioning of this agency. The employee’s primary duties will not interfere with the dual employment, and the dual employment is not in violation of the Code of Ethics, Administrative Code of 1929, or the State Adverse Interest Act.

APPROVED  DISAPPROVED

SIGNATURE OF SUPERVISOR OF DUAL SIGNATURE OF AGENCY INTERMEDIATE SIGNATURE OF HEAD OR DESIGNEE OF

EMPLOYMENT REQUESTING AGENCY

DATE SIGNED TELEPHONE NO. DATE SIGNED DATE SIGNED

1. TO BE COMPLETED BY EMPLOYEE’S PRIMARY AGENCY

PRIMARY AGENCY PRIMARY EMPLOYMENT BUREAU OR INSTITUTION

PRESENT JOB TITLE

PRESENT P. S. GROUP AND P.S. LEVEL

OTHER RATE OF PAY:

PRESENT WORK SCHEDULE

$ PE

The dual employment will not interfere with the employee’s primary duties and is approved by this agency.

APPROVED  DISAPPROVED

SIGNATURE OF SUPERVISOR OR AGENCY INTERMEDIATE SIGNATURE OF HEAD OR DESIGNEE OF EMPLOYEE’S

PRIMARY AGENCY

DATE SIGNED TELEPHONE NO. DATE SIGNED