

THE CITADEL DUAL EMPLOYMENT REQUEST

I. REQUESTING (SECONDARY) AGENCY/ DEPARTMENT

Agency Name:	Employee's Name:	CWID:	Department:
Index Number:	Description of Services to be Performed:		
Dates of Services: From: _____ To: _____		Times of Services: From: _____ To: _____	
Proposed Amount:	Method of Payment: <input type="checkbox"/> Lump Sum Effective Date to be Paid: _____ <input type="checkbox"/> Installments # of Installments: _____ Date of 1 st Installment: _____		
_____		_____	
Employee's Signature	Date	Authorized Requesting Dept/ Agency	Date

II. EMPLOYING (HOME) AGENCY/ DEPARTMENT

Agency Name:	Employee's Name	Department:
Class Code:	Current Salary:	
Normal scheduled hours of work are from _____ to _____		
Is the requesting agency authorized to pay the employee travel and subsistence? Yes No n/a		
If necessary, have arrangements been made for the employee to use annual leave or leave without pay to render the services described? Yes No n/a		

Authorized Employing (Home) Agency Signature	Date	

III. CITADEL FINANCE DEPARTMENT

Approved Funding of \$ _____	Secondary Position Number: _____
Comments:	

VP Finance or Budget Director	Date

VI. CITADEL HUMAN RESOURCES

<u>ASSIGNMENT PRCESS</u>	<u>TRACKING PROCESS</u>
Assignment Begin:	Approved Salary of \$
Assignment End:	Date Tracked:
Assign Salary:	Comments:
Annual Salary:	
Date Trial Checked:	
_____	_____
Employment Specialist	Date
_____	_____
Human Resources Manager	Date