

Approximate Number of Hours/Week To Be Worked: _____

Approximate Length of Time Employee Will Be Needed: _____

Requested Effective Date: _____

IV. Dual Employment Approval

A. Current Supervisor Approval

The above named employee has my approval to work as described above as long as the dual employment has no adverse effect on his/her primary job.

Current Supervisor Signature Date

B. Requesting Department Approval

I understand that dual employment must be handled through UVaTemps and that I will be responsible for the correct payment of overtime as required by the Fair Labor Standards Act. I also understand that my department account will be assessed a processing fee if the request is approved.

Department Name: _____

FAS Account Number _____ Home Dept. Code _____
Phone: _____

Hiring Official Signature Date

Department Head Signature Date

C. Human Resources Action: Approved _____ Disapproved _____

Approved Job Class: _____

Approved Straight Time Rate: _____ Bill Rate: _____

Approved Overtime Rate: _____ Bill Rate: _____

Approved Effective Date: From _____ To _____

Human Resources Signature Date