

THE CITADEL DUAL EMPLOYMENT REQUEST

I. REQUESTING (SECONDARY) DEPARTMENT/ AGENCY

Agency Name:	Employee's Name:	SSN:	Department:
Account Number:	Description of Services to be Performed:		
Dates of Services: From: _____ To: _____		Times of Services: From: _____ To: _____	
Proposed Salary:	Method of Payment:		
	Lump Sum	Effective Date to be Paid: _____	
	Installments	# of Installments: _____	Date of 1 st Installment: _____
_____ Employee's Signature		_____ Date	_____ Authorized Requesting Dept./ Agency
_____ Date			

II. EMPLOYING (HOME) AGENCY

Agency Name:	Employee's Name:	Department:
Class Code:	Slot:	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 \$ _____
Comments:
_____ VP Finance or Budget Director
_____ Date

VI. CITADEL HUMAN RESOURCES

Approved Salary of \$ _____	
<u>TIME INPUT PROCESS</u>	<u>ASSIGNMENT PROCESS</u>
Active Assignment No. _____	Job Code: _____ Earning Code: _____
Earning Code: _____	Assignment Begin: _____ Assignment End: _____
Effective Date of Payment: _____	Salary Schedule: _____ Salary Rate: _____
	Annual Salary: _____
_____ Human Resources Manager	_____ Employment Specialist
_____ Date	_____ Date