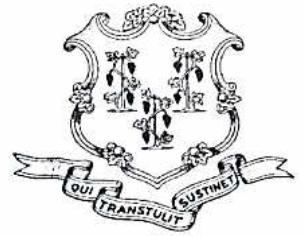


DUAL EMPLOYMENT REQUEST
PER-DE-1 Rev 7/99

STATE OF
CONNECTICUT



Instructions for SECONDARY AGENCY: Complete this form when an employee provides services under 1) an authorized PER-301 for a second position; 2) a Personal Services Agreement (CO-802a); 3) a Purchase Order (CO-94, CO-94DP or CO-95). Keep a copy of the form in a suspense file and forward the original to the primary agency. When certification from both the primary and secondary agency is complete, process the employee according to the guidelines in General Letter 204.

Employee		Social Security Number		Today's Date			
Employee Address		Present Position Title		FLSA <input type="radio"/> Exempt <input type="radio"/> Non-Exempt			
Primary Agency							
SECONDARY AGENCY - Agency where employee is being considered for a second job							
Facility of Secondary Employment				Title of position sought			
Duties to be performed:							
Dates duties will be performed: (A new dual employment form must be completed and placed in the employees' personnel file for each new period of employment.)							
Start Date:				End Date:			
The work schedule will be as follows:							
Day	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Time In:							
Time Out:							
SECONDARY AGENCY CERTIFICATION							
I certify that the duties are being performed outside the responsibility of the agency of principal employment, the hours worked at this agency are documented and reviewed to preclude duplicate payment, and that no conflicts of interest exist between services performed.							
SIGNED (Agency head or authorized designee)				TITLE		DATE	
Instructions for PRIMARY AGENCY - Complete and return to secondary agency for documentation. Retain a copy for your files.							
Position Title:						POTENTIAL CONFLICT OF INTEREST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Duties Performed:							
Current Work Schedule							
Day	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Time In:							
Time Out:							
Primary Agency Certification							
I certify that the duties are being performed outside the responsibility of the agency of principal employment, the hours worked at this agency are documented and reviewed to preclude duplicate payment, and that no conflicts of interest exist between services performed. If for any reason there should be a change in the hours and/or days of work as originally indicated, an amended request with the required justification will be submitted.							
RECOMMEND <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNED (Agency head or authorized designee)		TITLE		DATE	