



State of Connecticut Human Resources
Dual Employment Request Form
For Multiple Teaching Assignments within CT State Higher Education

Form #: CT-HR-25a
Creation Date: 12/2014

Instructions: This form is to be used only when the dual employment involves two or more assignments within UConn (any campus), within the UConn Health Center, or within the Board of Regents (any College or University, including Charter Oak State College). This form must be completed every semester or upon any assignment change, whichever occurs first. All assignments must be FLSA Exempt* and the principal duties of each assignment related to teaching, i.e., Faculty, Instructors or Lecturers. This form may also be used for Graduate Assistant assignments when the primary duty of all assignments is teaching. (Not all Graduate Assistant assignments are FLSA Exempt; therefore, a review of duties must be conducted.) A Form CT-HR-25 must be completed and submitted to the Department of Administrative Services for approval when these conditions are not met. (See General Letter 204 for procedure and specific requirements pertaining to Dual Employment.)

_____ / ____ / _____
 Name of Employee

 Employee ID

 Today's Date**

List the multiple assignment titles, work locations, dates of the assignment and work schedules (or indicate if teaching an online course) below by Core-CT Record Number. If there is no Record 0 (or if no other Record # is used) then leave that particular row blank.

Core-CT Record #	Institution/Department	Job Title	Course	Start and End Date of Assignment (6 mos. max.)
0				
1				
2				
3				
4				
5				

Core-CT Record #	Course Schedule	Online ✓	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
0	Start Time:								
	End Time:								
1	Start Time:								
	End Time:								
2	Start Time:								
	End Time:								
3	Start Time:								
	End Time:								
4	Start Time:								
	End Time:								
5	Start Time:								
	End Time:								

EMPLOYEE ACKNOWLEDGEMENT

The employee must read and sign the following acknowledgement:

I understand this multiple employment assignment is approved until _____ (**maximum one semester**) and is contingent upon no change in assigned work schedules, job duties, or job titles in any of the assignments. There is no time conflict between assignments or duplication of hours worked in any of the assignments on this form. I further understand I must inform the institution of any change and that such change will require a new Form CT-HR-25a. I understand the result of any change in information presented on this Form CT-HR-25a may be cause for termination of assignments prior to the aforementioned date.

I understand I am ineligible for overtime as all assignments listed are FLSA Exempt.

I have reviewed the State Ethics Policy and certify no conflicts of interest exist.

Print Employee's Name	Employee's Signature	Date
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EMPLOYING INSTITUTIONS' CERTIFICATION

Signature below certifies all conditions under C.G.S. Sec. 5-208a are met. A fully executed copy of Form CT-HR-25a must be retained by all signing institutions for DAS post-audit purposes.

I certify that the assignments specified above are FLSA Exempt, the primary duty of the assignment(s) is related to teaching, and that the hours worked in all assignments have been reviewed to preclude duplicate payment. If for any reason there is a change in the hours and/or days of work indicated, or if there is a change in the employee's job class, a new Form CT-HR-25a with the required information will be completed promptly and retained for post-audit. I further certify no conflict(s) of interest exists between the assignments listed.

Recommend Approval

___ Yes ___ No	0.	Institution	Signature of Agency Head/HR Designee	Official Job Title	Date
___ Yes ___ No	1.	Institution	Signature of Agency Head/HR Designee	Official Job Title	Date
___ Yes ___ No	2.	Institution	Signature of Agency Head/HR Designee	Official Job Title	Date
___ Yes ___ No	3.	Institution	Signature of Agency Head/HR Designee	Official Job Title	Date
___ Yes ___ No	4.	Institution	Signature of Agency Head/HR Designee	Official Job Title	Date
___ Yes ___ No	5.	Institution	Signature of Agency Head/HR Designee	Official Job Title	Date

*The U.S. Department of Labor FLSA Regulations is the authority on eligibility for overtime when an employee is dually employed.
 The Form CT-HR-25a must be completed **before the employee begins working in the multiple assignments.