

Research Foundation for Mental Hygiene, Inc. 150 Broadway, Suite 301, Menands, NY 12204 Phone: (518) 474-5661 Fax: (518) 474-6995

DUAL EMPLOYMENT REQUEST

This form must be submitted and approved <u>prior</u> to the start of any additional hours.

Approval can take up to 90 days. Submit form timely.

Section I: TO BE COMPLETED BY EMPLOYEE				
Name:			Title:	
State Agency who	ere employed:			
STATE AGENCY REGULAR WORK DAYS AND HOURS DAYS: \(\sum \sum \text{Mon} \sum \text{The Gular Wed} \sum \text{Thu} \sum \text{Fri} \sum \text{Sat} \) HOURS Start/Enc				
Location where additional services will be rendered:				
Number of additional weekly hours requested: Grade:			Grade:	Hourly Rate of Pay:
SCHEDULE OF ADDITIONAL HOURS DAYS: Sun Mon Tue Wed Thu Fri Sat HOURS Start/End T Schedule notes:				Times:
Time Period:		to		(Request limited to one year)
Description of additional services requested/reason for dual employment:				
I understand my additional hours may never exceed the number of weekly hours I was private my regularly scheduled state work hours. Employee's Signature:				
Section II: APPROVALS				
Name of Supervisor for Additional Hours (please print)				
As supervisor of this employee, I am responsible for ensuring the additional hours worked by this employee are properly recorded on their bi-weekly timecard and do not overlap their regularly scheduled state work hours.				
Supervisor's Signature			Date:	
Approved	Disapproved	Signature of NYS Do	ept. Head/Agency	
Approved	Disapproved		Administration *	
Comments:				
Section III: TO BE COMPLETED BY RFMH CENTRAL OFFICE				
Date Received: _			Date sent to DOB: _	
Section IV: TO BE COMPLETED BY DIVISION OF BUDGET				
Approved	Disapproved			
rr		Signature, Division	on of Budget	Date