



Research Foundation for Mental Hygiene, Inc.
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Phone: (518) 474-5661 Fax: (518) 474-6995

Dual Employment Request

Section I: TO BE COMPLETED BY EMPLOYEE

Name: Title:

Agency where employed:

Location where additional services will be rendered:

Time period: to (limit request to one year)

Description of additional services requested/reason for dual employment:

State agency regular work days and hours:

DAYS: Sun Mon Tues Wed Thu Fri Sat HOURS: Start/End Times:

Number of additional hours requested: Grade: Rate of Pay:

Schedule of additional hours:

DAYS: Sun Mon Tues Wed Thu Fri Sat HOURS: Start/End Times:

Employee's Signature: Date:

Section II: TO BE COMPLETED BY DEPARTMENT WHERE REGULARLY EMPLOYED

Approved Disapproved

Signature of Agency or Department Head

Date

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

Disapproved Approved

Signature, Division of Budget

Date