



Research Foundation for Mental Hygiene, Inc.
150 Broadway, Suite 301, Menands, NY 12204
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