



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 prior 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 where employed:

STATE AGENCY REGULAR WORK DAYS AND HOURS

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

Location where additional services will be rendered:

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

SCHEDULE OF ADDITIONAL HOURS

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

Schedule notes:

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 preapproved to work and can never overlap with my regularly scheduled state work hours.

Employee's Signature: Date:

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 Dept. Head/Agency Date

Approved Disapproved Signature of Institute Administration* 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

Approved Disapproved Signature, Division of Budget Date

*NYSPI - Rosellen Taraborrelli, Vice Chair for Administration & Finance
*IBR - Joseph Maturi, Acting Director

*NKI - Thomas O'Hara, Deputy Director
*RFMH - Robert Burke, Managing Director
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