



For Payroll Use Only:
 Are combined hours worked over 40 in a workweek overtime-eligible work hours? ___ Yes ___ No
 Reviewer Initials & Review Date: _____

Dual Employment Agreement

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact Human Resources at (956) 326-2365 or hr@tamiu.edu.

INSTRUCTIONS This form is used to document the approval of dual employment arrangements and to review applicable overtime pay requirements under federal law and [System Regulation 33.99.06 - Administration of Multiple Employment](#). The employee and secondary department must initiate the form and complete it with the assistance of the primary department. Once the form is signed, please attach it to the employee's Electronic Personnel Action (for recurring payments) or Extra Pay for Employee form (for single payments).

Employee Name _____		Employee UIN _____	
Primary Employment Information		Secondary Employment Information	
Department Name		Department Name	
PIN	A&M System Member	PIN	A&M System Member
Position Title and Title Code		Position Title and Title Code	
\$ _____ Pay Rate (Check One) Monthly Hourly Task Pay		\$ _____ Pay Rate (Check One) Monthly Hourly Task Pay	
Check appropriate FLSA exemption status and enter % effort or hours per week: <input type="checkbox"/> Exempt (Salaried)/Budgeted, Full-time <input type="checkbox"/> Exempt (Salaried)/Budgeted, Part-time _____% Effort <input type="checkbox"/> Non-Exempt (Hourly)/Budgeted, Full-time <input type="checkbox"/> Non-Exempt (Hourly)/Budgeted, Part-time _____% Effort <input type="checkbox"/> Wage (Temporary) _____ hours per week <input type="checkbox"/> Wage (Student Employment) _____ hours per week <small>*Hours per week are Thursday-Wednesday</small>		Check appropriate FLSA exemption status and enter % effort or hours per week: <input type="checkbox"/> Exempt (Salaried)/Budgeted, Full-time <input type="checkbox"/> Exempt (Salaried)/Budgeted, Part-time _____% Effort <input type="checkbox"/> Non-Exempt (Hourly)/Budgeted, Full-time <input type="checkbox"/> Non-Exempt (Hourly)/Budgeted, Part-time _____% Effort <input type="checkbox"/> Wage (Temporary) _____ hours per week <input type="checkbox"/> Wage (Student Employment) _____ hours per week <small>*Hours per week are Thursday-Wednesday</small>	
Department Contact Name and Extension		Department Contact Name and Extension	
Approximate Duration of Employment (from & thru dates)		Approximate Duration of Employment (from & thru dates)	
Brief Description of Primary Employment Job Duties (or Attach a Copy of the Position Description)		Brief Description of Secondary Employment Job Duties (or Attach a Copy of the Position Description)	

It is agreed that the employee identified on this form will be employed in a dual employment arrangement. If it is determined that overtime pay is required by law, overtime will be paid by the department in which the overtime was worked at one and one-half the regular rate of pay applicable to that job. The secondary employment will not interfere with nor conflict with the employee's primary position and responsibilities.

Signature of Employee

Date

Signature of Department Head of Primary Department

Date

Signature of Department Head of Secondary Department (if applicable)

Date