**DUAL APPOINTMENT REQUEST FORM**

Employee’s Name:
Employee’s Current/Home Department:
Additional/Hiring Department:

|  |  |
| --- | --- |
| Employee Number | Home Department |
| Current Payroll Job Title | Current Salary |
| Current Payroll Job Title Code |  |
| Current Job Exempt or Non-Exempt Status | Current % of Time |
| Current Supervisor | Bargaining Unit |
| Home Department HR Name/Phone | Employee Contact Phone |
|  |  |
| REQUESTING DEPARTMENT INFORMATION |  |
| Requested Payroll Job Title | Requested Salary |
| Requested Payroll Job Title Code |  |
| Requested Job Exempt or Non-Exempt Status | Requested % of Time |
| New Supervisor | Bargaining Unit |
| Requesting Dept. HR Contact | Phone |
| Start Date | End Date |

**Reason for Dual Appointment Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that apply:**

* The employee’s position is in the Professional & Support Staff personnel group;
* There is a legitimate business reason to approve dual employment, such as the employee has special skills or qualifications to perform the work;
* The additional appointment is at the same location as the employee’s full-time appointment and consists of duties that are different from the employee’s primary job;
* The additional appointment does not exceed 20 percent;
* The duration of the additional appointment does not exceed twelve calendar months;
* The time worked in the additional appointment will not have a negative impact on the employee’s performance; and
* The employee’s full-time department head agrees to the arrangement.

**APPROVALS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name (Print) Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Dept. Unit Head Signature: Date: Home Dept. Supervisor Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting Dept. Unit Head Signature: Date: Requesting Dept. Supervisor Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Form to**: UC Berkeley Human Resources, HR Policy and Practice, ATTN: Nicole Roces, 2199 Addison Street, Berkeley, CA 94720