



## Dual Employment Agreement Form

**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 Classification & Compensation at (979) 845-4170 or [hrcomp@tamu.edu](mailto:hrcomp@tamu.edu).

**INSTRUCTIONS** This form is used by Human Resources to document approval of dual employment arrangements and HR review of applicable overtime pay requirements under federal law. One department must accept responsibility for overtime pay requirements, if determined applicable by HR Classification and Compensation. The employee and department(s) will complete and sign the form and submit to HR for review. HR will submit the reviewed form to Payroll Services, with a copy to the department(s) for the applicable personnel files. NOTE: This form may require review and approval by the Office of the Vice President of Research before submitting to HR, if applicable. This form should not be used if one of the positions is a Graduate Assistant title, but should follow the request process for approval of additional work hours through the Office of Graduate Studies.

Employee Name \_\_\_\_\_ Employee UIN \_\_\_\_\_ Fiscal Year \_\_\_\_\_

Primary Employment Information		Secondary Employment Information	
Adloc Name and Adloc Number		Adloc Name and Adloc Number	
PIN	System Member Name	PIN	System Member Name
Position Title and Title Code		Position Title and Title Code	
_____ Pay Rate <input type="checkbox"/> Per Month <input type="checkbox"/> Per Hour or <input type="checkbox"/> Task Payment		_____ Pay Rate <input type="checkbox"/> Per Month <input type="checkbox"/> Per Hour or <input type="checkbox"/> Task Payment	
Type of Exemption Status and Effort: (check the appropriate status and provide % 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 (Thurs.-Wed.) <input type="checkbox"/> Wage (Student Employment) _____ hours per week (Thurs.-Wed.)		Type of Exemption Status and Effort: (check the appropriate status and provide % effort or hours per week): <input type="checkbox"/> Exempt, Budgeted, Full-time <input type="checkbox"/> Exempt, Budgeted, Part-time _____ % Effort <input type="checkbox"/> Non-Exempt, Budgeted, Full-time <input type="checkbox"/> Non-Exempt, Budgeted, Part-time _____ % Effort <input type="checkbox"/> Wage (Temporary) _____ hours per week (Thurs.-Wed.) <input type="checkbox"/> Wage (Student Employment) _____ hours per week (Thurs.-Wed.)	
Department Contact Name, Phone and Email Address		Department Contact Name, Phone and Email Address	
Approximate Duration of Employment (from and thru dates)		Approximate Duration of Employment (from and 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. The work hours of the primary and secondary employment within the Texas A&M System may have to be combined for overtime purposes in accordance with [System Regulation 33.99.06 - Administration of Multiple Employment](#) and [Standard Administrative Procedure 31.01.99.M0.02, Approval Procedures for Supplemental Compensation and Dual Employment](#). The secondary employment will not interfere with nor conflict with

the employee's primary position and responsibilities. If HR determines that overtime payments will be required under federal law for the total combined hours worked over 40 in a work week, the department(s) will coordinate work hour totals to assure compliance with any overtime requirements. The overtime rate is one and one-half times the regular rate of the highest paid position in which the employee is working and is usually paid by the department of the secondary employment.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head or Designee of Primary Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head or Designee of Secondary Department (if applicable)

\_\_\_\_\_  
Date

**Office of the Vice President for Research Review and Approval (if applicable)**

Will the primary or secondary department include supplemental compensation to be charged to a sponsored contract or grant?  
 Yes  No/Not applicable

Does the Institutional Base Salary include effort on a sponsored research project or a cost sharing source?  
 Yes  No/Not applicable

If the answer to **either** of the questions is **yes**, submit this form to the Office of the Vice President for Research for review and approval, either by campus mail at MS 2403 or fax to (979) 845-1345, before submitting to HR for review.

\_\_\_\_\_  
Signature of Reviewer/Approver for the Office of the Vice President for Research (if applicable)

\_\_\_\_\_  
Date

Comments:	
Printed Name and title of reviewer:	Date

<p><b>SUBMIT FORM TO:</b>          Classification and Compensation          General Services Complex, Suite 1201, MS 1255          Email <a href="mailto:hrcomp@tamu.edu">hrcomp@tamu.edu</a>; Fax (979) 847-8877</p>	<p><b>NEED HELP?</b>          Classification and Compensation          Phone (979) 845-4170          Email <a href="mailto:hrcomp@tamu.edu">hrcomp@tamu.edu</a></p>
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**HR Classification and Compensation Review**

Are combined hours worked over 40 in a workweek considered overtime-eligible work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible department for overtime: <input type="checkbox"/> Primary Department <input type="checkbox"/> Secondary Department
HR Comments:	
Printed Name and title of HR reviewer:	Date: