



Dual Employment Agreement Form - State of Texas Agency

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.

INSTRUCTIONS This form is used by Texas A&M University Human Resources to document approval of dual employment arrangements when an additional job is with a state agency outside of the Texas A&M University System. Human Resources will review the form for applicable overtime pay requirements under federal law. The employee and department(s) will complete and sign the form and submit to Texas A&M University Human Resources for review. All jobs the employee holds must be listed on the form. Multiple forms may need to be used to document all roles the employee holds. Human Resources will review the form and make a determination regarding hours worked in all roles and if they should be combined and calculated towards overtime. Once Human Resources has provided their approval, they will provide a copy to the department(s) for the applicable personnel files.

Unless the employment and/or compensation has changed in some way, departments do not need to re-submit this form each fiscal year. If a staff member is involved in a dual employment situation with another State of Texas agency, the employee must complete the [External Employment Application and Agreement Form](#). This form will be kept internally and does not need to be sent to Texas A&M University Human Resources.

Total hours combined will not be considered overtime-eligible if additional employment is:

- Materially different from primary job duties, and
- Occasional and sporadic in nature or is task/piece work, and
- At the request of the employee

NOTE: This form should not be used if one of the positions is a Graduate Assistant or Faculty. This form should not be used if all roles held by the employee will be within the A&M System.

Employee Name	Employee UIN	Fiscal Year
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Primary Employment Information		Secondary Employment Information	
Department Name and Adloc (if applicable)		Department Name and Adloc (if applicable)	
PIN	State Agency Name	PIN	State Agency Name
Position Title		Position Title	
_____ 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"/> Temporary/Casual _____(hours per week (Sunday – Saturday))		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"/> Temporary/Casual _____(hours per week (Sunday – Saturday))	
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)	

Approximate Work Schedule:	Approximate Work Schedule:
Is the work performed in this role considered occasional and sporadic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the work performed in this role considered occasional and sporadic? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 with Texas A&M University and another State of Texas Agency. 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](#). Any employee, whether exempt or non-exempt under the provisions of the Fair Labor Standards Act, may accept additional employment with another department, unit, or component of The Texas A&M University System, provided the employee obtains the advance approval of the head of both the current department or unit and the employing department or unit. This approval is necessary to assure proper coordination of payment for employment when more than one department is involved. Do not start the employee before all paperwork has been approved and successfully completed.

The secondary employment will not interfere with nor conflict with the employee's primary position and responsibilities. If Human Resources 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. Both departments will need to collaborate and determine which department will be in charge of paying overtime, if earned. Human Resources will not make this determination.

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

<p>SUBMIT FORM TO: Classification and Compensation General Services Complex, Suite 1201, MS 1255 Email hrcomp@tamu.edu</p>	<p>NEED HELP? Classification and Compensation Phone (979) 845-4170 Email hrcomp@tamu.edu</p>
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HR Classification and Compensation Review

Are combined hours worked over 40 in a workweek considered overtime-eligible work hours? Yes No

HR Comments:	
Printed Name and title of HR reviewer:	Date: