CHICAGO STATE UNIVERSITY

Dual Employment Form

This form is to be completed in compliance with Chicago State University's HR Policy: DUAL EMPLOYMENT.

Complete this form and submit to your supervisor and vice president for approval. The signed form must be submitted to the Office of Human Resources at HR@csu.edu

Name:_____ UID: _____

Job Title: _____ Department/College _____

CSU Email: _____ Supervisor Name: _____

Secondary Employer Name: _____

Date(s) of employment with secondary employer (Month/day/year): _____

What hours do you intend to work for the secondary employer? (List days of week and times):

_____

_____

_____

_____

_____

Describe the type of work you will perform for the secondary employer:

_____

_____

_____

_____

CHICAGO STATE UNIVERSITY

Employee:

_____	_____	_____
Printed Name	Signature	Date

Supervisor Approval:

_____	_____	_____
Printed Name	Signature	Date

Vice President Approval:

_____	_____	_____
Printed Name	Signature	Date

THIS PORTION IS TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

☐ Recommended for Approval ☐ Not Recommended for Approval

_____ _____

Signature Date