CHICAGO STATE UNIVERSITY

Dual/Outside Employment Form

This form is to be completed in compliance with Chicago State University's Board of Trustees Governing Regulations and Procedures Section 14(b).

Upon completion email this form to the Office of Human Resources at HR@csu.edu

Name: _____ CSU email: _____

Department/College: _____ CSU Job Title: _____

Secondary Employer Name: _____

Date Employed: _____ Approx. # of hours worked per week _____

(*Month/day/year)*

Briefly, describe the nature of the employment:

_____

_____

_____ _____

Employee Signature Date

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

☐ Recommended for Approval ☐ Not Recommended for Approval

_____ _____

Signature Date