



# State of Florida DUAL EMPLOYMENT AND DUAL COMPENSATION REQUEST

<b>1. Name of Employee:</b>  <b>3. Current Employer (Primary):</b> <b>Address:</b>  <b>Contact Person:</b>  <b>Phone: (     )</b>	<b>2. People First Employee Identification Number:</b>  <b>4. Requesting Agency (Secondary):</b> <b>Address:</b>  <b>Contact Person:</b>  <b>Phone: (     )</b>
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	PRIMARY EMPLOYMENT	SECONDARY EMPLOYMENT
<b>5. Class Title:</b>		
<b>6. Position Number:</b>	Position Number: Overtime Designation: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	Position Number: Overtime Designation: <input type="checkbox"/> Included <input type="checkbox"/> Excluded
<b>7. Regular Rate of Pay</b>	Hourly \$ _____	Hourly \$ _____
<b>8. Work Schedule:</b>	Daily: _____ a.m. _____ p.m. Days of Week: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	Daily: _____ a.m. _____ p.m. Days of Week: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S
<b>9. Period of Employment</b>	From: _____ To: _____	From: _____ To: _____
<b>10. Appropriation Paid From:</b>	OLO Code: _____ <input type="checkbox"/> Salaries <input type="checkbox"/> OPS <input type="checkbox"/> Expenses	OLO Code: _____ <input type="checkbox"/> Salaries <input type="checkbox"/> OPS <input type="checkbox"/> Expenses
<b>11. Full-Time Equivalent (FTE):</b>	FTE: _____ County _____	FTE: _____ County _____

**12. Request:** *(Check as appropriate)*

Compensation of an employee simultaneously from any appropriation other than appropriations for salaries.

Compensation of an employee simultaneously from more than one state agency.

Employment in more than a total of one full-time equivalent established position.

Employment in more than one part-time position within a state agency.

**13. Method of Overtime Calculation:** *(Check one)*

a) Time and one-half of the weighted average of the different rates of pay (calculated at the end of the workweek or extended work period).  
**Estimated Weighted Average Hourly Rate:** \_\_\_\_\_

b) Time and one-half of the rate of pay for the position with the highest rate of pay \* (calculated at the end of the workweek or extended work period).  
**Estimated Time/Half Rate:** \_\_\_\_\_

c) Straight time for both the primary and secondary agencies until the 40<sup>th</sup> hour of combined work in the workweek or total hours in the extended work period is reached. Then both agencies will begin to pay time and one-half for all hours worked in excess of 40 in the workweek or in excess of the total hours in the extended work period.

d) There is no overtime liability because the secondary employment is: *(Check one)*

1. also excluded for overtime purposes. (Primary employment is excluded).

2. voluntary; in a different capacity from the primary employment; and worked on an occasional or sporadic nature.  
NOTE: All provisions must be met to exclude the employee from overtime requirements.

3. outside of the State Personnel System. (State Personnel System is defined in the Dual Employment and Dual Compensation Guidelines and Procedures for State Personnel System Agencies.)

**14. Employee Agreement And Waiver:** This is to certify that the hours indicated above are accurate, outside my normal working hours in my primary employment and do not interfere with my primary employment. The hours and rate of pay as indicated for the secondary employment are agreeable and the selected method of calculating overtime is agreeable. I accept that this secondary employment outside that of my primary position requires agency approval and may be denied, withdrawn or terminated at any time without cause or for any reason. I also accept that I may establish rights in only one Career Service position (that being the first Career Service position of hire) and that I may not receive benefits (with exception of leave credits, personal holidays and state holidays) in excess of one full-time established position from all combined employment. **Waiver:** As a condition of dual employment in more than one Career Service position, I voluntarily waive any claim to permanent status or Career Service appeal rights in the secondary employment position as specified in Section 110.227, F.S.

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Employee Name (Print Name) (Signature) Date

**15. Secondary Employer Agreement:**

The justification for the dual employment request and a copy of the employee's position description/primary duties are attached. The requesting employee has the specific skills, training and abilities for this immediate need, and hiring in a dual employment capacity at this time is **in the best interest of this agency and the State**. As a condition of employment and as the secondary employer, we agree to compensate the requesting employee for all hours using the method indicated in #13 of this form. The conditional agreement will only apply to those hours caused by the secondary employment (combined hours).

Agency Head or Designee (Print Name)

(Signature)

Date

**16. The Primary Employing Agency Must Complete This Section:** If for any reason this statement is not applicable, a separate statement of explanation from the primary employer must be attached.

The additional duties for the secondary employer as indicated above will not be performed during the employee's working hours with this agency, will not involve a conflict of interest with the employee's regular assigned duties in this agency, and will not involve the use of any state space, personnel, equipment or supplies furnished by this agency. The selected method of paying overtime is agreeable and as primary employer, we agree to compensate the employee for all hours in excess of the established contract hours worked with the primary employer using the method indicated on # 13 of this form.

Action Taken:  Approved  Disapproved

Agency Head or Designee (Print Name)

(Signature)

Date

**Instruction Guide:** The submission of the State form, DMS/HRM/DUAL, Dual Employment and Dual Compensation Request is the responsibility of the requesting employee or OPS worker. The form should be either typed or printed legibly in ink.

The requesting employee should fill in blocks 1 and 2. The secondary agency must then contact the primary agency and fill in blocks 3 -13 (as pertains to the primary and secondary employment. Once 1-13 are completed, the requesting employee must read and agree to the "Employee Agreement and Waiver" and then sign and date block 14. The secondary agency must agree to the FLSA requirements of computing and compensating overtime, if applicable, and the Human Resource Officer or the designated representative must sign and date block 15. The primary employer has final approval authority and thereby may approve or disapprove the request based on the conditions for dual employment and the method of computing and compensating overtime.

**Instructions for filling out a request for Dual Employment and Dual Compensation(DMS/HRM/DUAL)**

1. **Employee name:** Full name – First, MI, Last
2. **Employee People First Employee ID Number:** People First Employee ID Number
3. **Current Employer:** Agency name, division, address, personnel office contact person, phone number.
4. **Requesting Agency:** Agency name, division, address, personnel office contact person, phone number.
5. **Class Title:** Complete class title or if OPS, provide the Career Service comparable class title.
6. **Position Number:** Position number or indicate Other Personal Service (OPS). **Overtime Designation:** (circle one) Both the primary and secondary employers must designate the overtime designation for the position.
7. **Regular Rate of Pay:** Annual or hourly salary (Secondary employer option of total reimbursement for OPS or Contract Employees).
8. **Work Schedule:** Secondary employment cannot be during primary employment work schedule or interfere with the primary employer's work requirements.
9. **Period of Employment:** Inclusive dates or term of employment, if applicable.
10. **Appropriation Paid From:** (check one) Designate the appropriation for funding this employment, either through salaries, OPS funds for OPS workers, or Expenses for Contract Employees.
11. **Full-time Equivalent (FTE):** FTE is based on number of hours per week. 1 FTE equals 40 hours per week. **County:** Designate the county of employment.
12. **Request:** (check one) Indicate what is being requested (1) compensation simultaneously from any appropriation other than appropriation for salaries (i.e., salaries in the primary agency and OPS in the secondary agency); (2) compensation from more than one state agency (only if the employment involves an agency other than the primary agency; (3) employment in excess of one full-time equivalent established position; (4) or employment in more than one part-time position within a state agency.
13. **Method of Calculating Overtime.** The method for calculating and compensating overtime must be determined by the secondary employer and the primary employer. (See DMS' Dual Employment and Dual Compensation Guidelines for determining methods of payment)
14. **Employee Agreement and Waiver.** The requesting employee or OPS worker must acknowledge and accept the conditional provisions of dual employment prior to any approval and agree to the method of calculating overtime.
15. **Secondary Agency Agreement.** The secondary agency must provide a copy of the position description or assigned duties and responsibilities and ensure that all relevant documentation accompanies the form for the primary employer to review and must agree to the method of calculating overtime.
16. **Primary Agency Approval block.** The primary agency must review the conditions of employment and either approve or disapprove the requested action and agree to the method of calculating overtime.