

## Dual Employment Request Form - State of Texas Agency

**INSTRUCTIONS** This form is used by UTHealth Houston Employee Benefits/Payroll & Human Resources departments to document request and approval of dual employment arrangements when an additional job is with a state agency outside of UTHealth Houston. The Benefits/Payroll and 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 UTHealth Houston Employee Benefits/Payroll & Human Resources for review. All jobs the employee holds must be listed on the form. Multiple forms can be used to document all roles the employee holds. Benefits/Payroll will review the form and make a determination regarding hours worked in all roles and if they should be combined and calculated towards overtime. Submit completed form to the Office of Employee Benefits & Payroll, email [benefits@uth.tmc.edu](mailto:benefits@uth.tmc.edu) call 713-500-3935 if you have questions. Once Benefit/Payroll & Human Resources has provided their approval, they will provide a copy to the department(s) for the applicable personnel files.

Departments 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 refer to HOOP 20 Conflict of Interest, Conflict of Commitment and Outside Activities for additional information.

**An employee who holds a position classified as non-exempt or who is paid on an hourly non-exempt basis at UTHealth may not hold a position at another state agency simultaneously. An employee who holds a position classified as exempt at UTHealth may not hold a position at another state agency that is classified as non-exempt or that is paid on an hourly non-exempt basis simultaneously.**

- Dual employment will not commence or continue until approved by the appropriate official at both agencies. The proposed dual employment must benefit UTHealth and the State of Texas.
- If two separate agencies are approved employers:
  - Separate vacation and sick leave records must be maintained for each employment.
  - If the employee is terminated from one employment, the leave balances accrued under that employment may not be transferred to the remaining employment.
  - The state contribution towards the employee's portion of the social security tax liability is subject to the overall individual limit (the liability for both jobs is combined and treated as one wage liability).
  - TRS deductions and reporting must be coordinated between both agencies.
- The primary employer is responsible for the employee's benefits, and that entity will contribute to the total state contribution.
- Both agencies must agree to coordinate payroll reporting and taxes in advance of the start date of the second employment.

Employee/Candidate Name	Employee ID	Fiscal Year
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Primary Employment Information		Secondary Employment Information	
Agency Name/Department Name		Agency Name/Department Name	
Period of Employment (dates, term, semester)	State Agency Number	Period of Employment (dates, term, semester)	State Agency Number
Beg. Date _____ End Date _____		Beg. Date _____ End Date _____	
Position Title		Position Title	
Rate of Pay		Rate of Pay	
Type of Exemption Status and Effort: choose one below and list percent effort Exempt (salaried) & Percent effort _____ Exempt (Salaried Non-Exempt) & Percent effort _____ Non-Exempt (Hourly) & Percent effort _____ *Temp/Casual – hrs. per week _____ *Work Week start/end days: _____		Type of Exemption Status and Effort: choose one below and list percent effort Exempt (salaried) & Percent effort _____ Exempt (Salaried Non-Exempt) & Percent effort _____ Non-Exempt (Hourly) & Percent effort _____ *Temp/Casual – hrs. per week _____ *Work Week start/end days: _____	
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?    Yes    No	Is the work performed in this role considered occasional and sporadic?    Yes    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)	

**For Employee/Candidate:**

- I understand that my secondary employment must not interfere with the performance of my primary job. See HOOP Policy 20 Conflict of Interest, Conflict of Commitment and Outside Activities.
- If my current UTHealth job or employment status changes in any way, I must notify UTHealth Human Resources (classified & management A&P) or the applicable Dean (all other classifications), and a new request may be required.
- I understand that I may not receive insurance benefits from more than one employer (the Primary Employer), and that none of my benefits, including sick leave, vacation leave, etc., may exceed the amount provided for one full-time employee, regardless of the number of jobs that I hold or the type of benefits provided.

\_\_\_\_\_  
Signature of Employee/Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head or Designee of Primary Agency/Department  
 Request Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head or Designee of Secondary Agency/Department (if applicable)  
 Request Approved

\_\_\_\_\_  
Date

**UTHealth Houston Approval**

Benefits/Payroll	____ Approved    ____ Denied	Signature: _____ Date: _____
Human Resources (Classified & Management A&P)	____ Approved    ____ Denied	Signature: _____ Date: _____
Dean or designee (all other classifications)	____ Approved    ____ Denied	Signature: _____ Date: _____
Exec. VP, Academic & Research Affairs or designee (all other classifications)	____ Approved    ____ Denied	Signature: _____ Date: _____