Dual Employment with Texas State Agency

Employee Name _____ Empl ID _____

To be completed by Employee

Dual Employment Status (employee must select one):

☐ I am employed with another Texas State agency. **Name of Texas State Agency** _____

- I understand that I must obtain approval from both agencies before beginning or continuing dual employment.
- I authorize the University of Houston - Human Resources to contact the agency to verify my employment and determine compliance with the Fair Labor Standards Act (FLSA), benefits eligibility, and Teachers Retirement System (TRS) requirements.
- I have reviewed the SAM 02.A.24 Dual Employment with Texas State Agency policy and acknowledge my responsibilities as outlined in the policy and give my consent for UHS Human Resources to contact the agency on my behalf.

☐ I am NOT employed with another Texas State agency.

- I acknowledge my responsibility to notify Human Resources immediately if I accept additional employment with another Texas State agency in the future.
- I understand that any dual employment must be reviewed and approved before beginning the secondary employment.

Employee Signature _____ Date_____

To be completed by department

Job Title:	Position Exempt or Non-exempt:
Department:	Reporting Manager:
Benefits Eligible:	Hours Worked per Week/FTE:
Anticipated Start and End Dates:	Work Schedule:
Brief Description of Job Duties:	

UHCL Signatures (Please obtain required signatures from appropriate university personnel and return the form to HR.)		
Department Administrator	Signature	Date
College or Division Administrator	Signature	Date
Executive Vice President or designee	Signature	Date
Faculty Affairs Administrator	Signature	Date
UHCL Human Resources Administrator	Signature	Date

Dual Employment with Texas State Agency

Employee Name _____ Empl ID _____

To be completed by Texas State Agency

Agency Name	Agency ID
Job Title:	Is the position Exempt or Non-exempt?
Anticipated Start Date:	Approximate Duration of Employment or End Date of Employment:
Is the employee in a Benefits Eligible position?	Hours Worked per Week/FTE:
Is the employee participating in the ERS group insurance?	Work Schedule:
Is the employee contributing to TRS?	Is the employee accruing vacations and/or sick hours?
Brief Description of Employment Job Duties:	

Texas State Agency Signatures

Department Administrator	Signature	Date
College or Division Administrator	Signature	Date
Executive Vice President or designee	Signature	Date
Faculty Affairs Administrator	Signature	Date
Human Resources Administrator	Signature	Date

Comments

Please return completed form to Human Resources at humanresources@uhcl.edu.