**This form is required for SHRA and EHRA non-faculty employees. Approval by the Office of Human Resources is required in advance of any Dual Employment.**

**APPOINTMENT TYPE:  SHRA  EHRA non-faculty**

**PROPOSED DUAL EMPLOYMENT JUSTIFICATION:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date of Request: |  |
| Requesting Agency: |  | | |
| Agency Contact: |  | Telephone Number: |  |
|  | | | |
| Describe Emergency or One-Time Assignment: | | | |
| Identify the specialized knowledge, skills, or experience needed to accomplish the assignment: | | | |
| Describe the efforts to recruit a temporary employee (other than the University staff employee proposed below) possessing the skills and abilities identified above: | | | |

**PROPOSED DUAL EMPLOYMENT ARRANGEMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Beginning Date: |  |  | Hours Per Week: |  |
| Ending Date: |  |  | Total Payment: \* |  |
| Work Schedule: |  |  |  |  |

|  |  |
| --- | --- |
| **\*** | **Total payment must be indicated for both non-exempt and exempt employees.** |

**PROPOSED UNIVERSITY PERMANENT FULL-TIME or PART-TIME STAFF EMPLOYEE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee’s Name: |  |  | SHRA Branch/Role/Competency: |  |
| PID: |  |  | EHRA non-faculty  Working Title: |  |
| Department Name: |  |  | Position Number: |  |
| Department Number: |  |  | Wage-Hour Status: | Exempt Non-Exempt |
| Campus Address: |  |  | Current Work Schedule: |  |

**APPROVAL CERTIFICATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Dept. Head/Authorized Rep. of the Employee’s Parent Agency (UNC-CH) |  | Name of Dept. Head/Authorized Rep. of the Borrowing Agency |  | Name of Sr. Dir. E&S, Asst. Dir E&S, or EHRA non-faculty Rep |
|  |  |  |  |  |
| Signature of Dept. Head/Authorized Rep. of the Employee’s Parent Agency (UNC-CH) |  | Signature of Dept. Head/Authorized Rep. of the Borrowing Agency |  | Signature of Sr. Dir. E&S, Asst. Dir. E&S, or EHRA non-faculty Rep |
|  |  |  |  |  |
| Date |  | Date |  | Date |

**Scan and submit this signed form to the Staffing Support Services Specialist in the Office of Human Resources.**