

DUAL EMPLOYMENT AGREEMENT FORM

*This form acknowledges that two state agencies or a state agency and a North Carolina University have entered into an agreement for an employee of the State to be employed dually. The agency that first hired the employee will be known as the **Parent Agency** and the second agency where the dual employment will be rendered will be known as the **Borrowing Agency**. When the Parent Agency utilizes the OSC/Payroll system, the Parent Agency HR should submit this form to the BEST HR section after all information and signatures are complete. A copy of the completed form is retained by the HR department of the Parent agency and the Borrowing agency.*

PARENT AGENCY INFORMATION:			
PARENT AGENCY NAME:			
EMPLOYEE NAME:			
PERSONNEL #:	POSITION #:		
JOB TITLE:	FLSA CLASSIFICATION: <input type="checkbox"/> SUBJECT <input type="checkbox"/> NOT SUBJECT		
HOURS WORK PER WEEK:	HOURLY SALARY:		
WORK SCHEDULE RULE:			
AGENCY CODE:	BUDGET FUND:	ACCOUNT:	
BORROWING AGENCY INFORMATION:			
BORROWING AGENCY NAME:			
ASSIGNMENT DATES:	START DATE:	END DATE:	
POSITION # (if applicable)			
JOB TITLE:			
HOURS WORK PER WEEK:	HOURLY SALARY:		
OT HOURLY RATE:			
DESCRIBE ASSIGNMENT:			
PARENT AGENCY APPROVAL		BORROWING AGENCY APPROVAL	
IMMEDIATE SUPERVISOR SIGNATURE	DATE	IMMEDIATE SUPERVISOR SIGNATURE	DATE
HR DIRECTOR SIGNATURE	DATE	HR DIRECTOR SIGNATURE	DATE
CHIEF FISCAL OFFICER	DATE	CHIEF FISCAL OFFICER	DATE
EMPLOYEE SIGNATURE			
DATE			