



## UCF Non-Exempt (Overtime Eligible) Dual Employment Agreement Form

University of Central Florida - Human Resources - Payroll Services

- Form must be completed with all signatures and submitted to HR Payroll Services before work for the secondary position begins.
- *All hours must be paid at no less than 1.5 the employee's regular rate of pay when in excess of 40 in a work week.*
- Questions involving procedure and form may be directed to [Payroll@ucf.edu](mailto:Payroll@ucf.edu).

Employee's Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

### Primary Supervisory Organization Information:

UCF Primary Supervisory Organization: \_\_\_\_\_

Employee Position Number and Profile: \_\_\_\_\_

Rate (hourly): \_\_\_\_\_ FTE: \_\_\_\_\_ Weekly Schedule: \_\_\_\_\_

Funding Worktag(s): \_\_\_\_\_

(all C&G funding requires review by the Office of Research & Commercialization Compliance prior to submittal to Human Resources)

### Secondary Supervisory Organization Information:

UCF Secondary Supervisory Organization: \_\_\_\_\_

Period of Employment: **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

Rate (hourly): \_\_\_\_\_ TOTAL PAYMENT: \_\_\_\_\_ Weekly Schedule: \_\_\_\_\_

Funding Worktag(s): \_\_\_\_\_

(all C&G funding requires review by the Office of Research & Commercialization Compliance prior to submittal to Human Resources)

**Details of proposed duties and justification of need for secondary position:**

**To Be Reviewed by the EMPLOYEE:**

The hours and rate of pay indicated for the second position are agreeable. This certifies the hours indicated in the sections above are accurate, outside of my primary position's working hours, and do not interfere with my primary position.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Reviewed by the SECONDARY EMPLOYER:**

**I acknowledge that the details of proposed duties and justification of need for secondary position is agreeable. \*I understand all hours the employee works must be paid at no less than 1.5 their regular rate of pay (overtime rate) and the Primary department must be reimbursed for the payroll costs incurred with this job.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Reviewed by the PRIMARY EMPLOYER:**

**I acknowledge that this employee has my approval to perform the additional duties indicated above for the secondary employer. These duties will not be performed during the employee's regular working hours in their primary position, will not involve a conflict of interest with the employee's regular duties in their primary position, and will not involve the use of any university space, personnel, equipment or supplies furnished by their primary employer. I also understand that all hours must be reported by the Primary Employer.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean or Director of Primary Employer's Approval:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Reviewed by the Office of Research & Commercialization – Research Integrity & Compliance Department:**

- **Must be completed for grants / C&G funds**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_