

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 | | | |