



REQUEST FOR DUAL EMPLOYMENT

101 KAR 2:095 SECTION 4(1) States:

An employee holding a full-time position with the Commonwealth shall not hold another state position except upon recommendation of the Appointing Authority and the written approval of the Secretary of the Personnel Cabinet.

Therefore, we would like to request prior approval to dually appoint _____
to the position of _____, effective _____

We understand if this employee goes into overtime, both agencies agree to pay the weighted, average salary. This approval form shall be signed by all parties and submitted as supporting documentation along with the Dual Appointment request processed via the KHRIS Human Capital Management Processing and Form (HCMPPF).

Primary Agency:

Printed Name of Appointing Authority

Signature of Appointing Authority

Date

Secondary Agency:

Printed Name of Appointing Authority

Signature of Appointing Authority

Date

Approval:

Printed Name of the Secretary of the
Personnel Cabinet

Approval Signature of the Secretary of the Personnel
Cabinet

Date