



OFFICE OF HUMAN RESOURCES

Dual Employment Certification Form

Employee Name:	First:	Last:	Date:
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SECTION I

Are you employed (including any overloads or part-time) at Morgan State University and any other Maryland State Department, Agency, or Institution?

 YES (If "Yes", **SECTION II** must be completed by your full-time Divisional head and **Section III** must be completed by your part-time department. Please sign and date **SECTION IV**. **Section V** and **Section VI** must be completed by MSU Office of Human Resources and the Secondary Agency Office of Human Resources.)

 NO (If "No", please sign and date SECTION IV)

SECTION II PRIMARY AGENCY (FULL-TIME EMPLOYMENT CERTIFICATION)

Agency Name:		Department:	Job Title:
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Description of Services Performed:

Faculty:

Office Hours:	Class:	Days:	Times: (am/pm)	
			From	To
			From	To
			From	To
			From	To

Non-faculty:

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Start Time							
End Time							

Divisional Head Signature: _____ Date: _____

SECTION III SECONDARY AGENCY (OR OVERLOAD/PART-TIME WITHIN MSU)

Agency Name:		Department:	Job Title:
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Description of Services Performed:

Faculty:

Office Hours:	Class:	Days:	Times: (am/pm)	
			From	To
			From	To
			From	To

Non-faculty:

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Start Time							
End Time							

Divisional Head Signature: _____ Date: _____



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SECTION IV EMPLOYEE SIGNATURE

Print Name: _____ Date: _____

My signature certifies that the schedules of the primary and secondary employment do no overlap.

Signature: _____ Date: _____

SECTION V MORGAN STATE UNIVERSITY OFFICE OF HUMAN RESOURCES

Print Name: _____ Date: _____

Signature: _____ Date: _____

My signature certifies that the Office of Human Resources acknowledges the Dual Employment of the above employee.

SECTION VI SECONDARY AGENCY OFFICE OF HUMAN RESOURCES

Print Name: _____ Date: _____

Signature: _____ Date: _____

My signature certifies that the Office of Human Resources acknowledges the Dual Employment of the above employee.