



State of Connecticut Human Resources Dual Employment Request Form

Form #: CT-HR-25 (formerly PER-DE-1)

Rev. Date: 5/2014

Instructions: The Secondary Agency initiates a Dual Employment Request when hiring a current State of CT employee into a Secondary assignment. The Secondary Agency retains a copy of the form in a suspense file and forwards the original form to the Primary Agency. (See General Letter 204 for procedure and specific requirements pertaining to Dual Employment*.)

IMPORTANT

- A fully executed Form CT-HR-25 must be on file prior to an employee commencing employment in a Secondary assignment.
- Effective 07/01/2013, any dual employment arrangement that results in the necessity to pay overtime shall be approved in advance by the Commissioner of Administrative Services in accordance with CGS §5-208a as amended by Public Act 13-247.
- Once approved, both agencies must keep a copy of the fully executed Form CT-HR-25 on file.
- The Secondary Agency must initiate an extension via this form every six (6) calendar months when an assignment exceeds six (6) months or when the assignment or the semester changes, whichever occurs first.

Section One: Secondary Agency completes this section

Today's Date: ___ / ___ / _____

Assignment Anticipated to Begin: ___ / ___ / _____ & End: ___ / ___ / _____ (not to exceed 6 months)

Secondary Agency/College/University*: _____ Facility, if any: _____

Name of Employee under consideration for Secondary Assignment: _____

Employee ID of Employee under consideration for Secondary Assignment: _____

City/State of Secondary Agency/Facility	City/State of Primary Agency/Facility or Telecommuting Location, if applicable	This information is required to determine the feasibility of an employee travelling from/to the Primary Assignment or when a Telecommuting Arrangement exists.

Official Title of Secondary Position: _____ Duties to be performed in Secondary Position: _____

Is there a potential for a Conflict of Interest? (You must consult your Ethics Liaison; the dual employment assignment **MUST NOT** be approved when a conflict of interest exists.)

___ Yes ___ No

Determine the potential for Overtime:** FLSA Status of Secondary Position:
 ___ Exempt (No Overtime) ___ Non-Exempt (Overtime-eligible)

Work Schedule: Indicate the scheduled days the employee is expected to work and the start/end times for each day. Specify all hours for teaching, grading and preparation work for part-time Lecturer positions.

Day of Week	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Time In:							
Time Out:							

* For the purpose of Dual Employment, the term "agency" means any state entity in the Executive Branch, including colleges and universities. General Letter 204 also applies to the Legislative and Judicial Branches of government when one of the assignments involves an employee who is employed with (or anticipated to become an employee of) the Executive Branch.

** The US Department of Labor FLSA Regulations is the authority on eligibility for overtime when an employee is dually employed.

Section Two: Secondary Agency retains a copy of the form and routes to the Primary Agency AND any other employing State Agency.

Form CT-HR-25 sent to:

Current Employing Agency/Agencies (include Facility, if appropriate):

- 1.) _____ Emailed to: _____ Date: _____
 2.) _____ Emailed to: _____ Date: _____

Notes: This form must be completed and fully executed by each agency when an employee is ACTIVELY employed by one or more state agencies. Following completion of a Secondary Assignment, the employee's record is to be terminated in CoreCT.

Section Three: Person at Secondary Agency who initiated the Dual Employment Request completes this section.

 Name Official Job Title Email Address/Phone (include area code)

Section Four: If Primary Agency determines the Secondary assignment may be CONSIDERED then the Primary Agency completes, retains a copy, and returns form to the Secondary Agency for determination of FLSA implications (Overtime).

Official Title of Employee (Primary job): _____ Major Duties performed in Primary Position: _____

Is there a potential for a Conflict of Interest? (You must consult your Ethics Liaison; the dual employment assignment MUST NOT be approved when a conflict of interest exists.)

____ Yes ____ No

Determine the potential for Overtime:** FLSA Status of Secondary Position:
 ____ Exempt (No Overtime) ____ Non-Exempt (Overtime-eligible)

City/State of Primary Agency/Facility or Telecommuting Location, if applicable	City/State of Secondary Agency/Facility	This information is required to determine the feasibility of an employee travelling from/to the Primary Assignment or when a Telecommuting Arrangement exists.

Work Schedule (Indicate the scheduled the employee is expected to be available for work and start/end times for each day):

Day of Week	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Time In:							
Time Out:							

All hours for actual teaching and preparation hours are to be shown above.

Form CT-HR-25 sent via Email to: _____ Date: _____

Section Five: Secondary Agency completes and routes to the Primary Agency AND any other employing State Agency.

The Secondary Agency must verify the following information before commencing a Dual Employment arrangement.

In order for a dual employment assignment to be approved, the Secondary agency must confirm all of the following are true:

____ Employee is not on a Personal Services Agreement (PSA) with any state agency including other branches of State Government, Universities and Colleges.

____ Comparison of hours has been conducted and no duplication of work hours exists. Note: Employees may not use accrued or earned leave time in one agency to travel to or work during the same period of time for another agency.

_____ Description of duties provided by Primary agency has been reviewed.

Findings following review:

_____ Similarity of duties exist; communication with Primary agency has occurred

_____ No similarity of duties exist

_____ Ethics Liaison has determined no conflict of interest exists.

_____ **Primary position FLSA:**

Anticipated # of Hours per Week: _____

_____ Exempt

_____ Non-Exempt

_____ **Secondary position FLSA:**

Anticipated # of Hours per Week: _____

_____ Exempt

_____ Non-Exempt

FLSA Status must ALWAYS be considered. **DAS approval is required when either position is Non-Exempt.** This chart is intended to serve as a guide when determining whether the employee is eligible for Overtime payment:

If the FLSA Status of Primary Job is:	And the FLSA Status of Secondary Job is:	Then the following Applies:
Exempt	Exempt	No Overtime (DAS approval is not required)
Non-Exempt	Non-Exempt	DAS approval is required
Exempt	Non-Exempt	DAS approval is required
Non-Exempt	Exempt	DAS approval is required

If both jobs are Exempt, Secondary Agency completes and routes to Primary Agency

I certify that the duties specified above are outside the responsibility of the agency of principal employment and that the hours worked at the Secondary agency are documented accurately and have been reviewed to preclude duplicate payment. If for any reason there is a change in the hours and/or days of work as indicated, or if there is a change in the employee's job class, a new Form CT-HR-25 with the required information will be submitted promptly to the Primary agency. I further certify no conflicts of interest exist between services performed.

Recommend Approval: ___ Yes ___ No

Signature of Agency Head/HR Designee Official Job Title Date

If both jobs are Exempt, Primary Agency completes, retains a copy and routes to Secondary Agency

I certify that the duties specified above are outside the responsibility of the agency of principal employment and that the hours worked at the Primary agency are documented accurately and have been reviewed to preclude duplicate payment. If for any reason there is a change in the hours and/or days of work as indicated, or if there is a change in the employee's job class, a new Form CT-HR-25 with the required information will be submitted promptly to the Secondary agency. I further certify no conflicts of interest exist between services performed.

Recommend Approval: ___ Yes ___ No

Signature of Agency Head/HR Designee Official Job Title Date

Stop here when both jobs are Exempt. DAS approval is NOT required.

Continue when either job is Non-Exempt. DAS approval is required.

(DAS approval is also required when the request involves an employee already serving in more than one assignment.)

Secondary Agency completes and routes to Primary Agency

Determine the Overtime Rate of Pay: In accordance with FLSA Regulations, when each position has a different rate of pay and when all hours over 40 in a week are subject to Overtime, the Overtime Rate is to be based on the "weighted average" of both rates of pay. This means the average weekly gross pay of both positions divided by the number of hours worked (in both positions).

- a. (Hours paid at Primary x hourly rate) + (hours paid at Secondary x hourly rate)
- b. Divide total pay by total hours paid to get weighted average hourly rate
- c. Divide the weighted average hourly rate by 2 (or multiply it by .5) to derive the amount that must be applied to hours worked over 40 per week
 - Reasoning: FLSA requires the payment of overtime at time and one half for hours worked over 40 in a week. The hours over 40 have already been paid as straight time by the respective agency; now we must calculate and add the additional "half" to the straight time already paid for those hours over 40, using the weighted average rate
- d. Multiply the figure from 'c' above (which is one-half of the weighted average rate) by the number of hours over 40. This is the amount of overtime pay owed the employee for the week

$$\text{Example: } \frac{(40 \text{ hours} \times \$20/\text{hour}) + (20 \text{ hours} \times \$10/\text{hour})}{60} = \$16.67$$

$$\$16.67 / 2 = \$8.335 \text{ (or } \$16.67 \times .5 = \$8.335)$$

$$\$8.335 \times 20 = \$166.70 \text{ (This is the Overtime amount owed for the week.)}$$

The base rate of pay for Overtime shall be: \$ ____ . ____ per hour^

_____ Overtime payment to be paid by Primary Agency

_____ Overtime payment to be paid by Secondary Agency

_____ Overtime payment to be paid by both agencies – by selecting this option, both/all agencies agree to communicate

with the other whenever there is a variation to the schedules provided in Sections One and Two. Both agencies are also agreeing to pay the Overtime incurred as a result of working in the assignment associated with the specific agency. For example, any hours for which the employee is to be paid as a result of working in the Primary job will be paid by the Primary agency in accordance with the Time and Labor rules affiliated with that assignment; all hours worked over 40 as a result of work performed in the Secondary assignment will be paid by the Secondary agency.

SPECIAL NOTE: This Overtime rate reflects the employee worked the exact number of hours indicated on the Form CT-HR-25 and presumes all hours were actual hours worked in a week. *If an employee works more hours or takes accrued time off during the week, the resulting rate will vary. As such, the actual Overtime rate must be re-calculated every time the employee works a different number of hours in a week.*

^ - The employer and employee must agree that overtime hours will be compensated at one and one-half times the regular rate for the overtime work performed, and this agreement must be arrived at before the performance of the overtime work. **An employee's signature is to be obtained by the Secondary agency after DAS approval has been received.**

Section Six: Secondary Agency and/or Primary Agency complete(s). Form is returned to Secondary Agency.

Check one:

_____ Primary agency will be responsible for overtime payment

OR

_____ Secondary agency will be responsible for overtime payment

OR

_____ Primary and Secondary agencies will be responsible for overtime payment as follows:

Approval recommended by Primary agency:

___ Yes ___ No

_____ Fiscal Director of Primary Agency – Agency/College/University

_____ Date

___ Yes ___ No

_____ Agency Head/Designee of Primary Agency – Agency/College/University

_____ Date

Approval recommended by Secondary agency:

___ Yes ___ No

_____ Fiscal Director of Secondary Agency – Agency/College/University

_____ Date

___ Yes ___ No

_____ Agency Head/Designee of Secondary Agency – Agency/College/University

_____ Date

DAS MUST APPROVE BEFORE THE EMPLOYEE BEGINS WORKING IN THE SECOND POSITION.

Section Seven: Secondary Agency routes to DAS Statewide Human Resources Management

Certification from DAS is required if the dual employment arrangement results in the necessity to pay Overtime. DAS has reviewed this dual employment request and all materials required in accordance with General Letter 204. Based on the information provided by the Secondary and Primary Agencies, this request is:

_____ Approved

_____ Denied

Comments: _____

Signed: _____

Date: _____

DAS Statewide HR Management Director/ Designee

Section Eight: DAS HR Liaison provides the Secondary and Primary Agencies with a copy of the fully executed form.

Form CT-HR-25 sent from _____ to Primary and Secondary Agencies, as indicated below.
(DAS Statewide HR Management staff)

Primary & Secondary Agency Contact:

- 1.) _____ Email: _____ Date: _____
- 2.) _____ Email: _____ Date: _____
- 3.) _____ Email: _____ Date: _____

The Form CT-HR-25 must be available on request during post-audit by the Department of Administrative Services – Statewide Human Resources Management.

Addendum to Form CT-HR-25

Effective July 1, 2013, Section 5-208a of the Connecticut General Statutes reads:

No state employee shall be compensated for services rendered to more than one state agency during a biweekly pay period unless the appointing authority of each agency or such authority's designee certifies that the duties performed are outside the responsibility of the agency of principal employment, that the hours worked at each agency are documented and reviewed to preclude duplicate payment and that no conflicts of interest exist between services performed. No state employee who holds multiple job assignments within the same state agency shall be compensated for services rendered to such agency during a biweekly pay period unless the appointing authority of such agency or his designee certifies that the duties performed are not in conflict with the employee's primary responsibility to the agency, that the hours worked on each assignment are documented and reviewed to preclude duplicate payment, and that there is no conflict of interest between the services performed. Any dual employment arrangement that results in the necessity to pay overtime shall be approved in advance by the Commissioner of Administrative Services.

The employee must read and complete the following section after DAS approval is received and before working in the assignment:

I understand this dual employment assignment is approved until _____ (maximum six months) and is contingent upon no change in assigned work schedule, job duties, job title, or rate of pay in either position. I further understand my obligation to inform both agencies and that any such change will require a new Form CT-HR-25 and may result in a termination of assignment prior to the aforementioned date.

I understand I may be paid an (estimated) overtime rate of _____ in accordance with the above procedure. I further understand overtime while working in a dual employment assignment is based on hours actually worked.

I have reviewed the State Ethics Policy and certify no conflicts of interest exist.

Print Employee's Name

Employee's Signature

Date