



**RCUH EMPLOYMENT FORM (MULTIPLE POSITIONS)**

1. Last Name: _____	2. First Name: _____	3.M.I.: _____
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4. Employment Period: From: _____ To: _____
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**Employer #1**

5. Agency (ie. UH, RCUH, Dept): _____ Project Name: _____ Project#: _____	6. Employee Job Title: _____ PI Name: _____ Work Schedule: _____	7. FTE: _____% 8. Source of Funds: Federal State Other: _____
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**Employer #2**

9. Agency (ie. UH, RCUH, Dept): _____ Project Name: _____ Project#: _____	10. Employee Job Title: _____ PI Name: _____ Work Schedule: _____	11. FTE: _____% 12. Source of Funds: Federal State Other: _____
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**Employer #3**

13. Agency (ie. UH, RCUH, Dept): _____ Project Name: _____ Project#: _____	14. Employee Job Title: _____ PI Name: _____ Work Schedule: _____	15. FTE: _____% 16. Source of Funds: Federal State Other: _____
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**Employer #4**

17. Agency (ie. UH, RCUH, Dept): _____ Project Name: _____ Project#: _____	18. Employee Job Title: _____ PI Name: _____ Work Schedule: _____	19. FTE: _____% 20. Source of Funds: Federal State Other: _____
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*The undersigned hereby acknowledges the dual employment between both Employers listed above. The undersigned hereby acknowledges that they have read and understand the RCUH Dual Employment Policy, Section 3.250, and agree to abide by its provisions. This dual employment arrangement will be monitored by both programs to ensure that no conflict of interest, in work hours or performance shall occur as a result of this agreement. Any change in employment status relative to either appointment shall be reported to the RCUH HR Dept. in advance by submitting anew Dual Employment Form. Any special comments may be noted by attaching an additional sheet.*

21. Employer #1 PI Signature: : _____ Date: _____ Print Name: _____ FO Signature: _____ Date: _____ Print Name: _____ Dean Signature (see*): _____ Date: _____ Print Name: _____	22. Employer #2 PI Signature: : _____ Date: _____ Print Name: _____ FO Signature: _____ Date: _____ Print Name: _____ Dean Signature (see*): _____ Date: _____ Print Name: _____
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23. Employer #3 PI Signature: : _____ Date: _____ Print Name: _____ FO Signature: _____ Date: _____ Print Name: _____ Dean Signature (see*): _____ Date: _____ Print Name: _____	24. Employer #4 PI Signature: : _____ Date: _____ Print Name: _____ FO Signature: _____ Date: _____ Print Name: _____ Dean Signature (see*): _____ Date: _____ Print Name: _____
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**Special Instructions: \*Dean/Director signature required for: 1) appointments exceeding 100% combined FTE or 2) involves faculty positions**