

STATE OF NEW YORK
DEPARTMENT OF AUDIT AND CONTROL
DUAL EMPLOYMENT APPROVAL FORM

For Audit & Control Use

REQUEST FOR APPROVAL TO SERVE WITH ANOTHER STATE AGENCY
TO BE COMPLETED BY EMPLOYEE

PRESENT EMPLOYMENT:

Name: _____ **Agency (employed):** _____
Title: _____ **SSN:** _____

ADDITIONAL EMPLOYEE REQUEST:

I request approval to render additional service to the _____
(Name of Agency)

at _____ for the period from _____ through _____
(Location of Employment)

for the purpose of: _____

I do not, render additional service in any other agency.

I **do** render additional service in another agency. The name of that agency is:

The requested additional service will not interfere with my regular duties.

Date: _____ Signature: _____

ACTION BY HEAD OF DEPARTMENT OR AGENCY WHERE REGULARLY EMPLOYED

*Approved Disapproved

Approved through _____

Approved with the following limitations: _____

This additional service will not interfere with the performance of the employee's regular duties.

Date: _____ Signature: _____

*ALL APPROVALS WITHOUT A LIMITING DATE WILL EXPIRE CLOSE OF BUSINESS ON MARCH 31ST