

Instructions for Request for Dual Employment with another Texas State Agency

Form New Hires (Classified & Management A&P)

1. Candidates for employment are required to disclose whether they are currently employed by another Texas state agency and whether they intend to maintain their employment with the other Texas state agency if they become employed by UTHealth during the application process.
2. Hiring managers who are considering candidates who have disclosed that they intend to maintain their employment with another Texas state agency if employed by UTHealth, will be informed by the recruiter about the Request for Dual Employment with a Texas State Agency Form (“form”). The hiring department is responsible for ensuring the form is completed and signed by the appropriate officials at UTHealth and the other Texas state agency. The recruiter will notify Benefits if the candidate selected for hire indicated they intended to maintain their employment with another Texas state agency while employed by UTHealth and will notify Benefits of the intended start date.

New Hires (All Other Classifications)

1. Candidates for employment are required to disclose whether they are currently employed by another Texas state agency and whether they intend to maintain their employment with the other Texas state agency if they become employed by UTHealth during the application process.
2. Hiring managers who are considering candidates who have disclosed that they intend to maintain their employment with another Texas state agency if employed by UTHealth are responsible for facilitating the completion of the Request for Dual Employment with a Texas State Agency Form (“form”). The hiring department will notify Benefits if the candidate selected for hire indicated they intended to maintain their employment with another Texas state agency while employed by UTHealth and will notify Benefits of the intended start date.

Current Employees (Classified & Management A&P)

1. Current employees who are considering additional appointments with the State of Texas in the course of their employment with UTHealth must immediately notify Benefits.
2. UTHealth Benefits will work with the current employee to coordinate the completion of the form.

Current Employees (All Other Classifications)

1. Current employees who are considering additional appointments with the State of Texas in the course of their employment with UTHealth must immediately notify the applicable Dean or their designee and Benefits. The applicable Dean or their designee will work with the current employee to coordinate the completion of the form. The applicable Dean or their designee will coordinate with UTHealth Benefits during this process.

Notifying Other Texas State Agency of Employee’s Separation

1. Benefits is responsible for notifying the other employing Texas state agency when an employee who held a dual appointment is separated from UTHealth.



The University of Texas Health Science Center at Houston
Request for Dual Employment with a Texas State Agency

New request? _____ Or, renewal of existing agreement? _____

- Dual employment will not commence or continue until approved by the appropriate official at both agencies. The proposed dual employment must benefit UTHealth and the State of Texas.
- If two agencies are employers:
 - Separate vacation and sick leave records must be maintained for each employment.
 - If the employee is terminated from one employment, the leave balances accrued under that employment may not be transferred to the remaining employment.
 - The state contribution towards the employee’s portion of the social security tax liability is subject to the overall individual limit (the liability for both jobs is combined and treated as one wage liability).
 - TRS deductions and reporting must be coordinated between both agencies.
- The Principal Employer is responsible for the employee’s benefits, and that entity will contribute to the total state contribution.
- Both agencies must agree to coordinate payroll reporting and taxes in advance of the start date of the second employment.
- An employee who holds a position classified as non-exempt or who is paid on an hourly non-exempt basis at UTHealth may not hold a position at another state agency simultaneously. An employee who holds a position classified as exempt at UTHealth may not hold a position at another state agency that is classified as non-exempt or that is paid on an hourly non-exempt basis simultaneously.

The University of Texas Health Science Center at Houston Information (UTHealth) (to be completed by UTHealth Human Resources):

EMPLOYEE NAME:	EMPLOYEE ID:	BENEFITS ELIGIBLE: Hours Worked Per Week:
POSITION EXEMPT/NONEXEMPT?	JOB TITLE:	NORMAL WORK SCHEDULE:
DEPARTMENT:	PREVIOUSLY EMPLOYED BY UTHEALTH?	DATE TO BE REEMPLOYED BY UTHEALTH:

Certification (to be completed by the hiring/current UTHealth department):

HOW WILL THIS DUAL EMPLOYMENT BENEFIT UTHEALTH?

PRINCIPAL EMPLOYER WILL BE: _____

NOTES: _____

DEPARTMENT SIGNATURE: _____

TITLE: _____

UTHealth Signatures:

Benefits (all classifications)		Date:
Human Resources (classified & management a&p)		Date:
Dean or designee (all other classifications)		Date:
Executive Vice President, Academic & Research Affairs or designee (all other classifications)		Date:

- I understand that my secondary employment must not interfere with the performance of my principal job. See HOOP Policy 20 Conflict of Interest, Conflict of Commitment and Outside Activities.
- If my current UTHealth job or employment status changes in any way, I must notify UTHealth Human Resources (classified & management A&P) or the applicable Dean (all other classifications), and a new request may be required.
- I understand that I may not receive insurance benefits from more than one employer (the Principal Employer), and that none of my benefits, including sick leave, vacation leave, etc., may exceed the amount provided for one full-time employee, regardless of the number of jobs that I hold or the type of benefits provided.

Candidate/Employee Signature

Date

Other Agency Information (to be completed by the other employing Texas State agency):

AGENCY NAME:	EMPLOYEE ID:	BENEFITS ELIGIBLE: Hours Worked Per Week:
POSITION EXEMPT/NONEXEMPT?	JOB TITLE:	NORMAL WORK SCHEDULE:
HIRING DATE:	SALARY:	LENGTH OF PROPOSED ASSIGNMENT:

Dual Employment Agency Signatures (to be completed by the other employing Texas State agency):

Supervisor		Date:
Vice President for Human Resources/Benefits or authorized equivalent (please include signature & title)		Date:

Completed form must be returned to UTHealth Benefits via fax at 713-500-0342 or via email at benefits@uth.tmc.edu.



NOTICE OF TERMINATION OF EXISTING DUAL EMPLOYMENT AGREEMENT

Job Termination Information / Notice to Other Agency (to be completed by UTHealth Benefits and sent to other employing Texas State Agency):

EMPLOYEE NAME:	EMPLOYEE ID:	LAST DAY WORKED:
	JOB TITLE LAST WORKED:	TERMINATION DATE:

UTHealth Signatures:

Supervisor		Date:
Senior Vice President, Finance and Business Services or designee		Date: