

Date: _____

Dual Service Agreement - Information Sheet

Use for Adjunct Instructors & other Part-Time JSCC Employees
that are Full-Time Employees of other State Agencies or Institutions

1 Part-Time Employee: **Name:** _____

2 What job functions will this Part-Time Employee be doing?

Teaching Classes: _____

Other (Please specify): _____

3 If Teaching, then please list the following for each class:

Class #1: Class # _____
 Name of the Class _____
 # of Credit Hours _____

Class #2: Class # _____
 Name of the Class _____
 # of Credit Hours _____

Class #3: Class # _____
 Name of the Class _____
 # of Credit Hours _____

List the Start Date & End Date (Month / Date / Year):

Start Date:

End Date:

4 List the Employee's base Salary for the term of employment:

(NOTE: 15.03% Retirement + 6.2% FICA + 1.45 % FICA Med = 22.68% Total will be added)

5 List the name of the State Agency/Institution that this employee works for full-time:

6 List the complete mailing address & of the State Agency/Institution listed in #5 above:

7 List the primary contact name at the State Agency/Institution listed in #5 that the Dual Service Contract should be mailed to for approval/signing:

8 List the complete Accounting FOAP # (Fund#, Orgn#, Acct# & Prog#) to charge this temporary employment to: _____

9 Requested By: _____

10 Signature of Approver: _____