SAM HOUSTON STATE UNIVERSITY
MULTIPLE STATE EMPLOYMENT FORM

Instructions: *This form should be completed before accepting additional employment with another state agency. Attach additional forms if working for more than two (2) state employers.*

NAME: _____ **SOCIAL SECURITY#: _____-_____-_____**

PRINCIPAL EMPLOYER

_____
Agency

_____
Title

_____
Beginning/Ending Date of Appointment

_____
Percentage of Employment/Hours Worked Per Week

_____
Rate of Pay

Pay Period: *Monthly* _____ *Semi-monthly* _____

CURRENT BENEFITS

1. *Retirement* Yes _____ No _____
2. *Vacation* Yes _____ No _____
3. *Sick* Yes _____ No _____
4. *Longevity* Yes _____ No _____
5. *Haz. Duty Pay* Yes _____ No _____
6. *Fringe Benefit Insurance* Yes _____ No _____
7. *FLSA Overtime* Yes _____ No _____

_____ ___/___/___
Principal Employer Signature ***Date***

_____
Title

OTHER STATE EMPLOYER

_____
Agency

_____
Title

_____
Beginning/Ending Date of Appointment

_____
Percentage of Employment/Hours Worked Per Week

_____
Rate of Pay

Pay Period: *Monthly*_____ *Semi-monthly* _____

CURRENT BENEFITS

1. *Retirement* Yes_____ No _____
2. *Vacation* Yes _____ No _____
3. *Sick* Yes _____ No _____
4. *Longevity* Yes _____ No _____
5. *Haz. Duty Pay* Yes _____ No _____
6. *Fringe Benefit Insurance* Yes _____ No _____
7. *FLSA Overtime* Yes _____ No _____

_____ ___/___/___
Other Employer Signature ***Date***

_____
Title

I have been advised and understand the Texas State Government multiple employment provisions of the Texas General Appropriations Act, and agree to abide by its terms and assist with the completion of this multiple employment form.

_____ ___/___/___ _____
Employee Signature ***Date*** ***Title***

HRD/1096