Sam Houston State University Human Resources

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                                                            Other State Employer

Agency                                                                                   Agency

_________________________________________ __________________________________________

Title                                                                                     Title

___________________________________________________  __________________________________________________

Beginning/Ending Date of Appointment                                                        Beginning/Ending Date of Appointment

___________________________________________________ __________________________________________________

Percentage of Employment/Hours Worked Per Week                                              Percentage of Employment/Hours Worked Per Week

___________________________________________________ __________________________________________________

Rate of Pay                                                                                  Rate of Pay


Current Benefits                       Current Benefits

1. Retirement           Yes ___     No ___                                               1. Retirement           Yes ___     No ___
2. Vacation             Yes ___     No ___                                               2. Vacation             Yes ___     No ___
3. Sick                 Yes ___     No ___                                               3. Sick                 Yes ___     No ___
4. Longevity            Yes ___     No ___                                               4. Longevity            Yes ___     No ___
6. Fringe Benefit Insurance Yes ___     No ___                                         6. Fringe Benefit Insurance Yes ___     No ___
7. FLSA Overtime        Yes ___     No ___                                               7. FLSA Overtime        Yes ___     No ___

____________________________________________________________________________________
Principal Employer Signature   Date  Other Employer Signature  Date

____________________________________________________________________________________
Title   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

Box 2356, Huntsville, Texas  77341-2356   Phone: 936-294-1070   Fax: 936-294-3611