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#:												
	<u>PRINCI</u>	PAL EMF	<u>PLOYER</u>		OTHER STA	<u>te empl</u>	<u>.OYER</u>									
Agency Title Beginning/Ending Date of Appointment Percentage of Employment/Hours Worked Per Week Rate of Pay				Agency Title Beginning/Ending Date of Appointment Percentage of Employment/Hours Worked Per Week Rate of Pay												
								Pay F	Period: Monthly	Semi-m	onthly	Pay P	Period: Monthly	Semi-ı	monthly	
									CURRENT BENEFITS				CURRENT BENEFITS			
								1.	Retirement	Yes		1.	Retirement	Yes		
								2.	Vacation	Yes		2.	Vacation	Yes		
3.	Sick	Yes		3.	Sick	Yes										
4.	Longevity	Yes		4.	Longevity	Yes										
5.	Haz. Duty Pay		No	5.	•	•	No									
6.	Fringe Benefit			6.	Fringe Benef											
	Insurance	<i>Yes</i>	No		Insurance	<i>Yes</i>	No									
7.	FLSA			7.	FLSA											
	Overtime	Yes	No		Overtime	Yes	No									
			/ /				/ /									
Principal Employer Signature Date				Other	r Employer Signatu	Date										
Title				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

HRD/1096

Privacy Policy