



CHICAGO STATE  
UNIVERSITY

**Dual/Outside Employment Form**

This form is to be completed in compliance with Chicago State University's Board of Trustees Governing Regulations and Procedures Section 14(b).

Upon completion email this form to the Office of Human Resources at [HR@csu.edu](mailto:HR@csu.edu)

Name: \_\_\_\_\_ CSU email: \_\_\_\_\_

Department/College: \_\_\_\_\_ CSU Job Title: \_\_\_\_\_

Secondary Employer Name: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Approx. # of hours worked per week \_\_\_\_\_  
*(Month/day/year)*

Briefly, describe the nature of the employment:

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**THIS PORTION IS TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES**

Recommended for Approval

Not Recommended for Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date