



CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES

DUAL EMPLOYMENT FORM

Name:	Department:
Job Title:	Bureau:
Work Phone:	Work Site:

1. Do you now have or do you anticipate having a job in addition to your present employment with the City of Chicago? YES NO

2. Are you now self-employed have any business interest or act on a consultant basis?
 YES NO
 If yes, does this involve any city, state, or federal license registration? YES NO
 If yes, state the type and registration number: _____

3. If yes, to any of the above;
 When did (will) you start? _____
 Name of Employer: _____ Phone: _____
 Address: _____ City: _____
 What is your job? _____

4. Complete the box below, indicating start time, total hours per day and total hours per week for your City job and your outside employment.

	City Employment		
	Start	Stop	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			

	Outside Employment			Total Hours
	Start	Stop	Hours	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours				

I hereby certify that the above information is true and complete and authorize my outside employer named above to furnish any authorized representative of the City of Chicago with any additional information pertaining to my employment. Should the above information change, I will notify my supervisor immediately and complete a new Dual Employment Report. I understand that falsification of this report will be a cause for disciplinary action.

Signature

Date

APPROVALS: YES NO
 YES NO
 YES NO

Division Head: _____
 Bureau Head: _____
 Department Head: _____