Delaware Department of Human Resources

DUAL INCUMBENCY REQUEST FORM	
DHR-STW-OP-Form #: DHR-STW-304.1-F	**Authority: Merit Rule 10.8; State Budget Act**
Effective Date: January 11, 2021	**Revision Date: May 2, 2025**
Supersedes: May 28, 2020; Dual Incumbency Request Form	

Signature Section

☐ By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

_____ ☐ Approve ☐ Deny Date: _____
Secretary, Department of Human Resources

_____ ☐ Approve ☐ Deny Date: _____
Director, Office of Management and Budget

_____ ☐ Approve ☐ Deny Date: _____
Controller General

☐ Approved: Effective Date: _____ ☐ Denied: Date: _____

Part 1: Agency Human Resources: Agency Request with Appointing Authority Approval and Notification to Agency Fiscal Representative

Upon submission of the request, a copy to the appointing authority or designee serves as the signature approval of the appointing authority or designee, and acknowledgment that the statements provided in this request form are correct and complete, and that funding is available to support this request within the current budget.

Agency Fiscal Designee Name: _____

Part 2: Agency Human Resources: Department Information

Check the reason(s) for Dual Incumbency: ☐ Illness/FMLA Disability Pension

☐ Knowledge Transfer ☐ Special Project ☐ Emergency ☐ Personnel Matter

1. Department/Division/Section Name: _____
2. Department/Division/Section Number: _____
3. Starting Date of Dual Incumbency: _____
4. Ending Date of Dual Incumbency: _____

5. Primary Incumbent Name/BP Number: _____
6. Primary Incumbent Job Classification/ Job Code/PG:

   _____
7. Secondary Incumbent Name/BP Number: _____
8. Secondary Incumbent Job Classification/ Job Code/PG:

   _____
9. Does the secondary incumbent meet the job requirements of the class being entered?

   ☐ YES ☐ NO ☐ N/A

10. Contact Name: _____ Phone Number: _____

    Email: _____

Part 3: Agency Human Resources: Enter Cost Calculation

Secondary Incumbent's Promo Salary	Secondary Incumbent's Current Salary	OECs	# Months	Total Cost
EXAMPLE $59,103.93	$56,289.46	1.3233	3	$931.00
				$ 0
				$ 0
				$ 0
				$ 0

Part 4: Agency Human Resources: Justification-Answer the following question

1. Describe the reason for the dual incumbency.