



DUAL INCUMBENCY REQUEST FORM

Table with 2 columns: DHR-STW-OP-Form #: To be assigned. Authority: Merit Rule 10.8; State Budget Act; Effective Date: January 11, 2021 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.

Secretary, Department of Human Resources [Approve/Deny/Date]

Director, Office of Management and Budget [Approve/Deny/Date]

Controller General [Approve/Deny/Date]

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: [Knowledge Transfer, Special Project, Emergency, Personnel Matter, Illness/FMLA Disability Pension]
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
<b>EXAMPLE</b> \$59,103.93	\$56,289.46	1.3233	3	\$931.00

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

1. Describe the reason for the dual incumbency.

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**OP #: To be assigned.  
Rev. Date: February 1, 2023**