

Statement on the Collection and Use of Social Security Numbers

Human Resources

In accordance with the requirements of Florida law (Section 119.071, Florida Statutes), the University of West Florida collects social security numbers only if specifically authorized or required by law or if imperative for the performance of the University's duties and responsibilities. The University may collect social security numbers for some or all of the following purposes: identity tracking and management; billing and payments; credit worthiness; data collection; reconciliation and tracking; benefit processing; tax and scholarship reporting; financial aid processing; student health services, and reporting to authorized state and federal government agencies. Federal and state laws require us to protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned UWF identification numbers to assist in tracking and protecting their personal information.

UWF Forms	Form Purpose	Purpose for SSN#	Statutory Authority	Mandated, Authorized or Business Imperative
FRS Certification Form	Eligibility to be employed	Applicant Identification	Section 119.071(5)(a)6.g, F.S.	Mandated
Level II Background Screening Request Form	Eligibility to be employed in a position of special trust	Applicant/employee identification	Section 119.071(4)(a)2.b., F. S.	Mandated
Verification of Employment Authorization Release	Employment verification	Employee identification	Section 119.071(5)(a)(2)(a)(II), F.S.	Business Imperative
Third Party Non-UWF Forms	Purpose	Purpose of SSN#	Statutory Authority	Mandated, Authorized or Business Imperative
Form I-9, Employment Eligibility Verification (US Department of Homeland Security)	Verify each new employee (both citizen and noncitizen) hired after Nov 6, 1986, is authorized to work in the United States.	Citizen and noncitizen identification	U.S. Dept. of Homeland Security, U.S. Citizenship and Immigration Services; Immigration Reform and Control Act of 1986, Pub. L. 99-603(8 USC 1324a)	Mandated
Form W-4, Employee's Withholding Allowance Certificate	Tax reporting	For employee identification	I.R.C. Section 6109	Mandated
Florida retirement contribution reports and forms (Florida Department of Revenue)	Administration of pension benefits	For employee identification	Section 119.071(6)(g), F.S.	Business Imperative
Worker's Compensation Amerisys forms on behalf of Risk Management, STARS reports of lost wages and First Report of Injury	For report and documentation of work-related injury and follow up	For employee identification	Section 440.185(2)(b), F.S.	Mandated
I.R.C. Section 403b,457b contribution reports (Internal Revenue Service)	Employee enrollment and claims	For employee identification	I.R.C. Section 6109	Mandated
State of Florida New Hire Report (Department of Revenue)	Administration of various programs: child support enforcement, Medicaid, unemployment compensation, Food Stamp, aid to disabled, etc.	New hire identification	Section 409.2576, F.S.	Mandated
State sponsored insurance enrollment forms and reports (group health, life, and dental coverage) (limited to dependents)	Administration of health benefits	Dependent identification	Section 119.071(6)(f), F.S.	Business Imperative
Agency for Workforce Innovation Unemployment Compensation forms	Verification of benefits eligibility	Employee identification and verification with Social Security Administration	Section 443.091(1)(g), F.S.	Mandated
FICA Alternative Plan Forms (OPS Retirement)	Selection of 401(a) Investment options and Beneficiaries	Reporting	(OBRA 90) IRC 3121(b)(7)(F).	Business Imperative



State of Florida DUAL EMPLOYMENT AND COMPENSATION REQUEST

1. Name Of Employee: 3. Current Employer (Primary): Address: Contact Person: Phone: ()	2. Social Security Number: 4. Requesting Agency (Secondary): Address: Contact Person: Phone: ()
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	PRIMARY EMPLOYMENT	SECONDARY EMPLOYMENT
5. Class Title:		
6. Position Number:	Position Number: Overtime Designation: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	Position Number: Overtime Designation: <input type="checkbox"/> Included <input type="checkbox"/> Excluded
7. Regular Rate Of Pay	Hourly \$ _____	Hourly \$ _____
8. Work Schedule:	Daily: _____ a.m. _____ p.m. Days of Week: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	Daily: _____ a.m. _____ p.m. Days of Week: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S
9. Period Of Employment	From: _____ To: _____	From: _____ To: _____
10. Appropriation Paid From:	OLO Code: _____ <input type="checkbox"/> Salaries <input type="checkbox"/> OPS <input type="checkbox"/> Expenses	OLO Code: _____ <input type="checkbox"/> Salaries <input type="checkbox"/> OPS <input type="checkbox"/> Expenses
11. Full-Time Equivalent (FTE):	FTE: _____ County _____	FTE: _____ County _____

12. Request: *(Check as appropriate)*

Employment in more than one position.

Compensation of an employee simultaneously from any appropriation other than appropriation for salaries.

Compensation of an employee simultaneously by more than one state agency.

13. Method Of Overtime Calculation: *(Check one)*

a) Time and one-half of the weighted average of the different rates of pay (calculated at the end of the workweek.)
Estimated Weighted Average Hourly Rate: _____

b) Time and one-half of the rate of pay for the secondary position* (calculated at the end of the workweek). *Must be at the higher rate of pay.
Estimated Time/Half Rate: _____

c) Straight time for both the primary and secondary agencies until the 40th hour of combined work in the workweek is reached. Then both agencies will begin to pay time and one-half for all hours worked in excess of 40 in the workweek. (For the purposes of dual employment, the workweek shall be Friday through Thursday.)

d) There is no overtime liability because the secondary employment is: *(Check one)*

1. also excluded for overtime purposes. (Primary employment is excluded).

2. voluntary; in a different capacity from the primary employment; and worked on an occasional or sporadic nature.
NOTE: All provisions must be met to exclude the employee from overtime requirements.

3. outside of the State Personnel System. (State Personnel System is defined in the Dual Employment Guidelines and Procedures for State Personnel System Agencies.)

14. Employee Agreement And Waiver: This is to certify that the hours indicated above are accurate, outside my normal working hours in my primary employment and do not interfere with my primary employment. The hours and rate of pay as indicated for the secondary employment are agreeable and the selected method of calculating overtime for hours worked in excess of 40 in a workweek is agreeable. I accept that this secondary employment outside that of my primary agency or in excess of one established position, requires agency approval and may be denied, withdrawn or terminated at any time without cause or for any reason. I also accept that I may establish Career Service rights in only one Career Service position (that being the first Career Service position of hire) and that I may not receive benefits in excess of one full-time established position from all combined employment. **Waiver:** As a condition of dual employment in more than one Career Service position, I voluntarily waive any claim to permanent status or Career Service appeal rights in the secondary employment position as specified in Section 110.227, F.S.

Employee Name (Print Name) _____ (Signature) _____ Date _____

15. Secondary Employer Agreement:

The justification for the dual employment request and a copy of the employee's position description/primary duties are attached. The requesting employee has the specific skills, training and abilities for this immediate need, and hiring in a dual employment capacity at this time is **in the best interest of this agency and the State**. As a condition of employment and as the secondary employer, we agree to compensate the requesting employee for all hours over 40 per week as indicated in #13 of this form. The conditional agreement will only apply to those hours caused by the secondary employment (combined hours).

Agency Head or Designee (Print Name)

(Signature)

Date

16. The Primary Employing Agency Must Complete This Section: If for any reason this statement is not applicable, a separate statement of explanation from the primary employer must be attached.

The additional duties for the secondary employer as indicated above will not be performed during the employee's working hours with this agency, will not involve a conflict of interest with the employee's regular assigned duties in this agency, and will not involve the use of any state space, personnel, equipment or supplies furnished by this agency. The selected method of paying overtime is agreeable and as primary employer, we agree to compensate the employee for all hours over the established contracted hours worked with the primary employer at the method indicated on # 13 of this form.

Action Taken: Approved Disapproved

Agency Head or Designee (Print Name)

(Signature)

Date

Instruction Guide: The filing and submission of the State form, DMS/HRM/DUAL, Dual Employment and Compensation Request is the responsibility of the requesting employee or OPS worker. The form should be either typed or printed legibly in ink.

The requesting employee should fill in blocks 1 and 2. The secondary agency must then contact the primary agency and fill in blocks 3 -13 (as pertains to the primary and secondary employment. Once 1-13 are completed, the requesting employee must read and agree to the "Employee Agreement and Waiver" and then sign and date block 14. The secondary agency must agree to the FLSA requirements of computing and compensating overtime, if applicable, and the Personnel Officer or the designated representative must sign and date block 15. The primary employer has final approval authority and thereby may approve or disapprove the request based on the conditions for dual employment and the method of computing and compensating overtime.

Instructions for filling out a request for Dual Employment (DMS/HRM/DUAL)

1. **Employee name:** Full name – First, MI, Last
2. **Employee Social Security Number:** Full Social Security Number
3. **Current Employer:** Agency name, division, address, personnel office contact person, phone number.
4. **Requesting Agency:** Agency name, division, address, personnel office contact person, phone number.
5. **Class Title:** Complete class title or Career Service comparable class.
6. **Position Number:** Position number or indicate Other Personal Service (OPS). **Overtime Designation:** (circle one) Both the primary and secondary employers must designate the overtime designation for the position either through the Career Service class identification or by a duty comparison with an established Career Service position.
7. **Regular Rate of Pay:** Annual or hourly salary (Secondary employer option of total reimbursement for OPS or Contract Employees).
8. **Work Schedule:** Secondary employment cannot be during primary employment work schedule or interfere with the primary employer's work requirements.
9. **Period of Employment:** Inclusive dates or term of employment, if applicable.
10. **Appropriation Paid From:** (check one) Designate the appropriation for funding this employment, either through salaries for dual Career Service personnel, OPS funds for OPS workers, or Expenses for Contract Employees.
11. **Full-time Equivalent (FTE):** FTE is based on number of hours per week. 1 FTE equals 40 hours per week. **County:** Designate the county of employment.
12. **Request:** (check one) Indicate what is being requested (1) employment in excess of one full-time equivalent position (for dual Career Service employment only); (2) compensation simultaneously from any appropriation other than appropriation for salaries (i.e., salaries in the primary agency and OPS in the secondary agency); or (3) compensation from more than one agency (only if the employment involves another agency other than the primary agency. This block does not have to be checked if the employee is requesting dual Career Service positions and the first block of this section is selected).
13. **Method of Calculating Overtime.** The method for calculating and compensating overtime must be determined by the secondary employer and the primary employer. (See DMS' Guidelines for determining methods of payment)
14. **Employee Agreement and Waiver.** The requesting employee or, OPS worker, must acknowledge and accept the conditional provisions of dual employment prior to any approval and agree to the method of calculating overtime.
15. **Secondary Agency Agreement.** The secondary agency must provide a copy of the position description or assigned duties and responsibilities and ensure that all relevant documentation accompanies the form for the primary employer to review and must agree to the method of calculating overtime.
16. **Primary Agency Approval block.** The primary agency must review the conditions of employment and either approve or disapprove the requested action and agree to the method of calculating overtime.