

Date: \_\_\_\_\_

## **Dual Service Agreement – Information Sheet**

Use of Adjunct Instructors & other Part-Time Educational Outreach Employees  
that are Full-Time Employees of other State Agencies or Institutions

1. **Adjunct Instructor:** Name: \_\_\_\_\_

2. **If Teaching, then please list the following for each class:**

Class #1:           Class # \_\_\_\_\_  
                          Name of the Class \_\_\_\_\_  
                          # of Credit Hours \_\_\_\_\_

Class #2:           Class # \_\_\_\_\_  
                          Name of the Class \_\_\_\_\_  
                          # of Credit Hours \_\_\_\_\_

Class #3:           Class # \_\_\_\_\_  
                          Name of the Class \_\_\_\_\_  
                          # of Credit Hours \_\_\_\_\_

List the Start Date & End Date (Month / Date / Year):

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

3. **List the name of the State Agency/Institution that this employee works for full time:**

\_\_\_\_\_

4. **List the complete mailing address of the State Agency/Institution listed in #3 above:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **List the primary contact name & email address at the State Agency/Institution listed in #3 that the Dual Service Contract should be mailed to for approval/signing:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

6. **Requested By:** \_\_\_\_\_

7. **Educational Outreach Office Approval:** \_\_\_\_\_