DUAL COMPENSATION ACT

The DUAL COMPENSATION ACT prohibit an individual from receiving pay from more than one position for more than an aggregate of 40 hours of work in one calendar week. This prohibition applies to employees paid from either appropriated, non-appropriated funds, AAFES or a combination thereof, and includes temporary, part-time and intermittent appointments.

CERTIFICATION

I have read and understand the provisions of the DUAL COMPENSATION ACT cited above and certify that:

_____ I am not currently employed in a position paid from either appropriated or non-appropriated funds.

_____ I am currently employed in the following position:

Position Title: _____

Grade: _____

Number of Work Hours: _____

Organization: _____

I understand that violation of the DUAL COMPENSATION ACT will result in my being indebted to the United States Government and may require repayment of wages erroneously earned.

I certify that my statement above is true, complete and correct to the best of my knowledge.

_____ (Signature)

_____ (Date)