

Instructions for the Secondary Positions Form

When to Use: Use for recording information when employees divide their time among two or more positions in the Duke system.

Tips:

- When the cursor is in a data field, press **F1** to get help on how to fill in the data.
- Tab between fields and use Shift + Tab to go back a field.
- Note: **Section Headers**, such as Personal Data, should be considered as a whole.
- Key in names in any format. It will automatically convert to upper case when you tab.
- Fields such as dates can be entered without all the digits (for example: **6/1/3** will automatically convert to **06/01/03** when you tab out of the field)
- All dates should be entered as **month/day/year**.
- The check boxes can be selected or deselected by clicking.

Enter the Duke Unique ID
If unknown, search at:
<https://dukeid.duke.edu:8882/emailalias/owa/publicsearch>

Secondary Positions Form

Duke University/Health System SECONDARY POSITIONS FORM			
<small>(Please Use F1 HELP Key for explanations in ANY field below)</small>			
DUKE UNIQUE ID #:		Primary Dept Org. Key (Pay Point):	
Primary Dept. Job Code:		Primary Dept. Job Description:	
PERSONAL DATA <small>(Printed or Typed Only)</small>			
Last Name: <small>(Family Name)</small>	First Name: <small>(Given Name)</small>	MI:	U.S. SSN: <small>(required)</small>
<small>Instructions: All secondary positions begin sequentially with position number 50000001; 50000002; etc. depending on how many secondaries an employee may have. When assigning new positions, please choose the next available position number. For all other types of changes please use the existing position number. When ENDING a secondary please indicate the ENDING date (or the last day the employee will work in the secondary position.) If CHANGING a secondary (code, pay point, or rate) please indicate the ENDING date for the "old" information under the current section and complete the "new" information under the new or changing section with a new beginning date and an end date of 12/31/9999. College work study Secondaries MUST be processed in pairs as two (2) positions. Please note CWS position should never be retroactive!</small>			
<small>Please list the JOB CODES of the secondary positions involved if different from the primary dept. JOB code: ,</small>			

Enter the Primary Dept Org Key (Pay Point), Job Code and Job Description

Note detailed instructions, especially for College work study

Enter Secondary Job Code(s) if different

Enter the current **Position Number** and the **Cost Center** or **WBS element** from the employee's Confirmation form. Enter any new or changing information in the next section

Enter the **Service Type** (60) and the **Service Category** (3rd and 4th numbers of the G/L account code) - for Company Code 0010 only.

Org Key = pay point preceded by DD for Duke University or Hospital, DR for Durham Regional or RC for Raleigh Community

Enter the **Hourly Rate** and **Beginning and Ending Dates**.

Current Secondary Information									
Ref #	Current Position Number	Cost Center/ WBS Element	Service Type	Service Category	Org. Key (Pay Point)	Hourly Rate	Begin Date	End Date	Please indicate what it is you want to do - Modify or Delimit?
1									
2									
3									
4									
5									
6									
New or Changing Secondary Information									
Ref #	Position Number	Cost Center/ WBS Element	Service Type	Service Category	Org. Key (Pay Point)	Hourly Rate	Begin Date	End Date	Please indicate what this is - Changed from above or Newly Added?
1									
2									
3									

Indicate whether you want the position modified or delimited (deleted)

Enter the name and signature of the supervisor or authorized person in the **primary** department.

Enter the name and signature of the authorized person in the **secondary** department.

Authorized Primary Dept. Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>
Authorized Secondary Dept. Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>
Authorized Secondary Dept. Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>
Authorized Secondary Dept. Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>
Authorized Budgetary Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>
Prepared By: _____ <i>(Print Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>

IMPORTANT!
Enter the name and signature of the person who prepared this form.

Enter the name and signature of the authorized person at the Management Center level

Names, signatures, date, and phone numbers required for ALL primary and secondary departments