

REGULAR FTE DUAL EMPLOYMENT REQUEST FORM

To request approval of Dual Employment (DE) for Clemson employees, complete this form and submit it to your [HR Service Manager](#). *Note: Please be sure to complete pages 1 and 2 of this form.*

REQUESTING (SECONDARY PAYING) AGENCY / DEPARTMENT

Employee Legal Name: _____ Employee EMPLID: _____
 Department Name: _____ Department Number: _____
 Acct No./Chartfield /JED
 Acct: _____ Fund: _____ Dept: _____ Program: _____ Class: _____ Project: _____
 DE Office Address: _____ DE Phone Number: _____
 DE Business Title: _____
 DE Supervisor Name: _____ Supervisor EMPLID: _____

Description and Duration of Services to Be Performed:

DURATION OF SERVICES AND PROPOSED COMPENSATION

DATES (MM/DD/YYYY) *From:* _____ *To:* _____ **Total Hours:** _____
TIMES (XX:XX a.m./p.m.) *From:* _____ *To:* _____ **Total Hours Per Week:** _____
 (Complete the [Alternate Schedule Form](#) if during normal work hours)
Gross Compensation (\$) : _____ **Travel & Subsistence (\$)** : _____
Total Compensation (\$): _____ **Lump Sum Amount (\$)** : _____
DE Hourly Rate (if applicable) (\$): _____
Pay Duration: (Please check applicable box below)
 Fall Semester Spring Semester Academic Year (9MA) Full Year (12L) Summer
 Other: _____

SIGNATURES

Employee Signature: _____ Date: _____
 Authorized Requesting Signature: _____ Date: _____
 Other Requesting Signature: _____ Date: _____
 Other Requesting Signature: _____ Date: _____
 Provost/EVP Approval (if applicable): _____ Date: _____

REGULAR FTE DUAL EMPLOYMENT REQUEST FORM (Continued)

EMPLOYING (HOME) AGENCY / DEPARTMENT (Employee's Primary Position/Info)

CU Department Name: _____ CU Department Number: _____
 CU Employee Job Record Number: _____
 External Agency (Non-CU agency, if applicable): _____
 External Agency SCEIS #: _____ Employee Position Number: _____
 Business Title: _____ Employee State Job Code: _____
 Normally Scheduled Work Hours (XX:XX a.m./p.m.) *From:* _____ *To:* _____
 FLSA Status: Exempt Nonexempt FLSA Not Required **Pay Basis:** Salaried Hourly
 Employee Current Annualized Salary (\$) : _____ FTE count (i.e., 0.75, 1.00): _____
 Actual Base Salary (\$) : _____ Supplement (\$) : _____ Total Salary (\$) : _____

Description of Primary Duties:

Is Requesting Agency authorized to pay Employee Travel & Subsistence?	Yes	No
If necessary, have arrangements been made for Employee to take Annual Leave or Leave without Pay to render the services described?	Yes	No

NOTE: Employee cannot take Annual Leave nor Compensatory Leave to render these services unless working for another State Agency.

SIGNATURES

Authorized Home Dept. Signature: _____ Date: _____

OHR USE ONLY BELOW THIS LINE

Approved	Denied	Comments:	
FLSA for DE: _____			
OHR Authorized Signature: _____			Date: _____

DIVISION OF STATE HUMAN RESOURCES USE ONLY BELOW THIS LINE

Approved	Denied	Comments:	
FLSA for DE: _____			
DSHR Authorized Signature: _____			Date: _____