

DUAL EMPLOYMENT REVISED SCHEDULE REQUEST

NAME: _____ EMPLID: _____

HOME DEPARTMENT: _____ REQUESTING DEPARTMENT: _____

DUAL EMPLOYMENT DATES: _____ TO _____

TIMES: _____ AM/PM TO _____ AM/PM

TEMPORARY REVISED WORK SCHEDULE (Revised schedule must reflect a work week of no less than 37.5 hours per week for Full Time Classified and Administrative Unclassified employees).

DAYS/DATE	TIME
<i>Ex: Monday and Tuesdays (August 15 – December 5, 2007)</i>	<i>Ex: 7:30 AM – 5:15 PM</i>
<i>Ex: Wednesday – Friday (August 15 - December 5, 2007)</i>	<i>Ex: 8:00 AM – 4:30 PM</i>

BY SIGNING BELOW, I HEREBY AGREE TO THE ABOVE WRITTEN SCHEDULE. IN ACCORDANCE WITH THE CLEMSON UNIVERSITY DUAL EMPLOYMENT POLICY, ALL HOURS MISSED WHILE COMPLETING DUAL EMPLOYMENT WORK WILL BE MADE UP THROUGH THE ABOVE REVISED SCHEDULE.

EMPLOYEE SIGNATURE: _____ DATE: _____

BY SIGNING BELOW, I ACKNOWLEDGE I AM THE SUPERVISOR OF THE ABOVE MENTIONED EMPLOYEE. I APPROVE THE ABOVE REVISED SCHEDULE AND CERTIFY IT MAKES UP FOR ALL MISSED HOURS AND WORK.

SUPERVISOR SIGNATURE: _____ DATE: _____

NOTE: In accordance with the Clemson University Dual Employment Policy, this form **MUST** be passed to Human Resources along with the Dual Employment Request Form. If the signed Revised Schedule Request Form is **NOT** received with the Dual Employment Request Form, the Dual Employment Request **WILL BE DENIED** and a new form must be submitted along with the signed Revised Schedule Request Form.