

CLEMSON UNIVERSITY
DUAL EMPLOYMENT/OVERLOAD REQUEST FORM



REQUESTING (SECONDARY) AGENCY/DEPARTMENT

DEPARTMENT NAME: _____ DEPT NO: 0000 EMPL ID: 000000
EMPLOYEE NAME: _____ SSN: 000-00-0000 ACCT NO: 00-000-0000-0000-000-0000000
DESCRIPTION OF SERVICES TO BE PERFORMED: DUAL EMPLOYMENT OVERLOAD

DURATION OF SERVICES AND PROPOSED COMPENSATION

DATES (MO/DA/YEAR): _____ TIMES: _____ GROSS COMPENSATION: \$ _____
FROM: _____ FROM : _____ AM TRAVEL & SUBSISTENCE: \$ _____
TO: _____ TO: _____ AM TOTAL COMPENSATION: \$ _____
TOTAL HOURS: _____ HOURLY RATE (IF APPLICABLE): \$ _____

EMPLOYEE'S SIGNATURE DATE

AUTHORIZED REQUESTING SIGNATURE(S) DATE

EMPLOYING (HOME) AGENCY/DEPARTMENT

DEPARTMENT NAME: _____ DEPT/POSN: 0000/0000
EMPLOYEE CLASS CODE: _____ CURRENT SALARY: \$000,000.00
NORMALLY SCHEDULED HOURS OF WORK ARE FROM: _____ AM TO: _____ AM
IS REQUESTING AGENCY AUTHORIZED TO PAY EMPLOYEE TRAVEL & SUBSISTENCE: YES NO
IF NECESSARY, HAVE ARRANGEMENTS BEEN MADE FOR EMPLOYEE TO TAKE LEAVE WITHOUT PAY
TO RENDER THE SERVICES DESCRIBED? YES NO
**EMPLOYEE CANNOT TAKE ANNUAL LEAVE NOR COMPENSATORY LEAVE TO RENDER THESE SERVICES
UNLESS WORKING FOR ANOTHER STATE AGENCY.**
FLSA:Non-exempt FTE: _____

AUTHORIZED HOME SIGNATURE(S) DATE

HUMAN RESOURCES

APPROVED: _____ COMMENTS: _____
DISAPPROVED: _____

SIGNATURE FOR HUMAN RESOURCES DATE