

DUAL EMPLOYMENT & OVERLOAD REQUEST FORM

To request approval of Dual Employment (DE) and Overload for Clemson employees, send completed form to your [HR Service Manager](#).

REQUESTING (SECONDARY) AGENCY/DEPARTMENT (DE or Overload info)							
Employee Legal Name				Employee EMPLID			
Department Name				Department Number			
Acct No./Chartfield /JED	Acct	Fund	Dept	Program	Class	Project	DE Office Address
DE Business Title				DE Phone Number			
DE Supervisor Name				Supervisor EMPLID			
Type of Request: Dual Employment (DE Policy) Overload (Faculty Only, Defined in Faculty Manual) Other: _____							
DESCRIPTION AND DURATION OF SERVICES TO BE PERFORMED:							

DURATION OF SERVICES AND PROPOSED COMPENSATION					
DATES (MM/DD/YYYY)		TIMES (Alternate Schedule Form if during normal work hours)		Gross Compensation	
From		From		Travel & Subsistence	
To		To		Total Compensation	
TOTAL HOURS PER WEEK			LUMP SUM AMOUNT		
PAY DURATION: (Please check applicable Pay Duration box below)				DE HOURLY RATE (if applicable)	
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	

EMPLOYING (HOME) DEPARTMENT / EXTERNAL AGENCY (Employee's Primary Position/Info)					
CU Department Name & Number			CU Employee Job Record Number		
External Agency (Non-CU agency, if applicable)			External Agency SCEIS #		
Employee Position Number			Employee State Job Code		
Normally Scheduled Work Hours		From		To	
Employee Current Annualized Salary		FLSA			
		FTE count (i.e., 0.75, 1.00)			

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

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

HUMAN RESOURCES USE ONLY BELOW THIS LINE				
Approved		Comments	FLSA for DE	
Denied				
Human Resources Authorized Signature			Date	