

ADDITIONAL JOB FOR TEMPORARY, TLP AND TGP REQUEST FORM

To request approval of an additional job 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: _____
 Office Address: _____ Phone Number: _____
 Business Title: _____
 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 (\$)** : _____
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: _____

CAH Internal Approvals

Use the chart below to list additional courses that will be covered (if approved)

Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours
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Please use the space below to support your unit's need for this course, specifically explaining why full-time faculty and instructional staff cannot cover it inside their standard teaching load. Course overloads should not be part of your curricular plan, nor should they be standard departmental practice. Course overloads should only be requested for emergency course coverage

Budget Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Office Space Available
Comments				

Signature

Date

Director of Finance & Chief of Staff Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date

Academic Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date

Dean Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date