

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 <u>HR Service Manager</u>. *Note: Please be sure to complete pages 1 and 2 of this form.*

REQUESTING (SECON	DARY PAYING) AGEI	NCY / DEPARTME	NT	
Employee Legal Name:	Employee EMPLID:			
Department Name:	Department Number:			
Acct No./Chartfield /JED				
Acct: Fund: Dept:	Program:	Class:	<i>Project:</i>	
Office Address:		Phone Number: _		
Business Title:				
Supervisor Name:		Supervisor EMPLIC	D:	
Description and Duration of Services to Be P	erformed:			
DURATION OF SERV				
DATES (MM/DD/YYYY) From:	To:	Tota	al Hours:	
TIMES (XX:XX a.m./p.m.) <i>From:</i>	To:	Total I	Hours Per Week:	
(Complete the <u>Alternate Schedule Form</u> if during nor	rmal work hours)			
	Travel & Subsistence (\$) :			
Total Compensation (\$):	Lump Sum Amount (\$) :			
Hourly Rate (if applicable) (\$):				
Pay Duration: (Please check applicable box below) Fall Semester Spring Semester Other:	Academic Year (9M/	A) Full Year (1	2L) Summer	
	SIGNATURES			
Employee Signature:			Date:	
Authorized Requesting Signature:			Date:	
Other Requesting Signature:			Date:	
Other Requesting Signature:			 Date:	
Provost/EVP Approval (if applicable):			Date:	



ADDITIONAL JOB FOR TEMPORARY, TLP AND TGP REQUEST FORM (Continued)

EMPLOYING (HOME) AGENCY / D	EPARTMENT (Employe	e's Primary Po	sition/Info)		
CU Department Name:CU I				Number:		
CU Employee Job Record N	lumber:	· · · · · · · · · · · · · · · · · · ·				
External Agency (Non-CU a	gency, if applicable)	:	 			
			mployee Position Number:			
Business Title:		Employee State Job Co	de:			
Normally Scheduled Work I	Hours (XX:XX a.m./p.	m.) <i>From:</i>	From: To:			
FLSA Status: Exempt	Nonexempt	FLSA Not Required	Pay Basis:	Salaried	Hourly	
Employee Current Annualiz	ed Salary (\$) :		_ FTE count (i.e	e., 0.75, 1.00):		
Actual Base Salary (\$): Supplement (\$):						
Description of Primary Dut	es:					
Is Requesting Agency authors If necessary, have arranger or Leave without Pay to ren	nents been made for der the services desc	Employee to take Annu cribed?	ıal Leave	Yes Yes	No No	
NOTE: Employee cannot take	·	atory Leave to render these serv	ices unless working f	or another State Ag	ency.	
		SIGNATURES				
Authorized Home Dept. Sig	nature:		Da	ate:		
	OHR USE	ONLY BELOW THIS LIN	IE .			
Approved FLSA for Additional Job:		nents:				
OHR Authorized Signature			Da	ate:		

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
Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours

	ir standard teachir	ng load. Cours	se overlo	ads should not be part of	why full-time faculty and instructional of your curricular plan, nor should they y course coverage
Budget Approval	□ Yes	□ No	_ C	onditional Approval	□ Office Space Available
Comments					
Signature	Date				
Director of Finance & Chief of	Staff Approval	□ Ye	es	□ No	☐ Conditional Approval
Comments		.			
Signature				Date	
Academic Planning		Y	es	□ No	□ Conditional Approval
Comments		•			
Signature			•	Date	
Dean Approval		□ Y (es	□ No	☐ Conditional Approval
Comments				•	··
Signature			_!	Date	