

## REGULAR FTE DUAL EMPLOYMENT REQUEST FORM

To request approval of Dual Employment (DE) 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:** \_\_\_\_\_  
**DE Office Address:** \_\_\_\_\_ **DE Phone Number:** \_\_\_\_\_  
**DE Business Title:** \_\_\_\_\_  
**DE 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 (\$):** \_\_\_\_\_  
**DE 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:** \_\_\_\_\_

**REGULAR FTE DUAL EMPLOYMENT REQUEST FORM (Continued)**

**EMPLOYING (HOME) AGENCY / DEPARTMENT (Employee's Primary Position/Info)**

CU Department Name: \_\_\_\_\_ CU Department Number: \_\_\_\_\_  
 CU Employee Job Record Number: \_\_\_\_\_  
 External Agency (Non-CU agency, if applicable): \_\_\_\_\_  
 External Agency SCEIS #: \_\_\_\_\_ Employee Position Number: \_\_\_\_\_  
 Business Title: \_\_\_\_\_ Employee State Job Code: \_\_\_\_\_  
 Normally Scheduled Work Hours (XX:XX a.m./p.m.) *From:* \_\_\_\_\_ *To:* \_\_\_\_\_  
 FLSA Status:      Exempt      Nonexempt      FLSA Not Required    **Pay Basis:**      Salaried      Hourly  
 Employee Current Annualized Salary (\$) : \_\_\_\_\_ FTE count (i.e., 0.75, 1.00): \_\_\_\_\_  
 Actual Base Salary (\$): \_\_\_\_\_ Supplement (\$): \_\_\_\_\_ Total Salary (\$): \_\_\_\_\_

Description of Primary Duties:

Is Requesting Agency authorized to pay Employee Travel & Subsistence?	Yes	No
If necessary, have arrangements been made for Employee to take Annual Leave or 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: \_\_\_\_\_

**OHR USE ONLY BELOW THIS LINE**

Approved	Denied	Comments:	
FLSA for DE: _____			
OHR Authorized Signature: _____			Date: _____

**DIVISION OF STATE HUMAN RESOURCES USE ONLY BELOW THIS LINE**

Approved	Denied	Comments:	
FLSA for DE: _____			
DSHR Authorized Signature: _____			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
Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours

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

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

Signature

Date

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

Signature

Date

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

Signature

Date

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

Signature

Date