

## 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 ( <a href="#">DE Policy</a> )    Overload ( <a href="#">Faculty Only, Defined in Faculty Manual</a> )    Other: _____									
DESCRIPTION AND DURATION OF SERVICES TO BE PERFORMED:									

DURATION OF SERVICES AND PROPOSED COMPENSATION						
DATES (MM/DD/YYYY)		TIMES ( <a href="#">Alternate Schedule Form</a> if during normal work hours)			Gross Compensation	
From		From		Travel & Subsistence		
To		To		Total Compensation		
<b>TOTAL HOURS PER WEEK</b>					<b>LUMP SUM AMOUNT</b>	
<b>PAY DURATION:</b> (Please check applicable Pay Duration box below)					<b>DE HOURLY RATE</b> (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		FLSA
Employee Current Annualized Salary				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	

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

Signature

Date

<b>Academic Planning</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Transcript on File</b>	<input type="checkbox"/> <b>Alternate Credentials</b>
<b>Comments</b>				

Signature

Date

--	--	--	--

Dean Signature

Date

**\*\*Staff Dual Employment Request must be accompanied by a Dual Employment Revised Schedule Request form**