



University of South Carolina Dual Employment Request Form

Requesting (Secondary) Agency

CAMPUS: _____ Section/Department: _____
Employee Name: _____ Social Security Number: _____

Description of Services to be Performed:

Duration of Services and Proposed Compensation

Date (M/D/YYYY):	Times (X:XX am or pm):	Compensation:
From: _____	From: _____	Total Gross Salary: _____
To: _____	To: _____	Travel & Subsistence: _____
Total Hours: _____		Hourly Rate (if applicable): _____

Employee Signature _____
Date

Department Head Signature _____
Date

Dean/Chancellor/Vice President Signature _____
Date

Employing (Home) Agency

Agency Name: _____ Section Department: _____

Employee Class Code: _____ Slot: _____ Exempt: _____ Non-Exempt: _____ Salary: _____

Normally scheduled hours of work (include am or pm): From: _____ To: _____

Is the requesting agency authorized to pay the employee travel and 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 []

Authorized Employing Agency Signature _____
Date

USC Division of Human Resources

Approved
Comments: _____

Disapproved
Comments: _____

USC Division of Human Resources _____ _____ _____
Date Date Provost (if applicable) Date