



University of South Carolina Request for Approval of Dual Employment

This form is strictly an internal document for the University and is to be completed by the University employee who is to receive additional compensation for dual employment. This form is in addition to the regular "Dual Employment Request Form" (CC-CL-020) and should be routed with the CC-CL-020 and PBP-2 through regular channels. After the form has been approved, return a copy to the Department Head or Dean for their records.

FOR FACULTY

Name: _____
 College or Dept.: _____
 Rank: _____
 Basis: (9, 10 1/2, 11, 12 mo.) _____
 Salary: _____

FOR STAFF

Name: _____
 College or Dept.: _____
 Title: _____
 Basis: _____
 Salary: _____

INCLUSIVE DATES OF THIS DUAL EMPLOYEMENT: _____

How much are you to be paid for this Dual Employment? \$ _____

REGULAR DUTIES – COURSES listed by number and student enrollment and (estimate if necessary) other assignments for period of Dual Employment:

Dual Employment performed during the current fiscal year: (Use additional sheet if necessary)

- | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1) a. AGENCY: _____
b. Dates of employment: _____
c. Amount received \$ _____ | 2) a. AGENCY: _____
b. Date of employment: _____
c. Amount received \$ _____ |
| 3) a. AGENCY: _____
b. Dates of employment: _____
c. Amount received \$ _____ | 4) a. AGENCY: _____
b. Date of employment: _____
c. Amount received \$ _____ |

EMPLOYEE'S SIGNATURE: _____ DATE: _____

Approval implies (a) that the additional duty is in keeping with the University purposes, (b) that duties are outside of normally scheduled work hours, (c) that the purchase of release time or reassignment of duties is not feasible, (d) that the faculty member will be teaching a full load, (e) that the duties cannot reasonably be obtained from another state agency, (f) that there is no conflict of interest between the employee and the performance of these service, and (g) requests for dual employment should be approved in advance of actual work date. Where this is not possible, an explanation should be provided on a separate memorandum.

APPROVED:

Department Head _____
 Dean _____
 Vice President _____
 Provost _____

DATE:

University of South Carolina Request for Approval of Dual Employment

REGULAR DUTIES—COURSES: listed by number and student enrollment and (estimate if necessary) other assignments for period of Dual Employment: (Continued from page one)