

## Dual Employment Request

To Be Completed by Requesting (Secondary) Department			
USC ID:	Employee Name: (Last, First, Middle)		
Campus:	Dept. Name:		
Duration and Compensation			
Effective Dates:	Hours: (X:XX AM/PM)	Hourly Rate or Salary:	
From:	From:		
To:	To:		
Provide a detailed description of the duties, including course numbers if teaching.			
List all dual employments performed in the current fiscal year, to include agency, dates, and amount paid.			
Signatures		Dates	
<b><i>I understand that if the employee's total hours per week equal or exceed 30, the department(s) will be billed employer fringe for any insurance elected by the employee. (Refer to <a href="#">ACA Administrator FAQs</a>)</i></b>			
Employee Signature:			
Department Head Signature:			
Dean/Chancellor/Vice President Signature:			
Provost: (if applicable)			
Home Agency Information and Approvals			
Agency Name and Section:			
Class Code:	Slot:	Exempt:	Non-Exempt:
Base Salary:		Pay Basis:	
Supplement:	Total Salary:	Annualized Salary:	
Normal Work Hours X:XX AM/PM	From:	To:	Weekly Work Hours:
Is the requesting department 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:
<b><i>I understand that if the employee's total hours per week equal or exceed 30, the department(s) will be billed employer fringe for any insurance elected by the employee. (Refer to <a href="#">ACA Administrator FAQs</a>)</i></b>			
Authorizing Home Agency Signature:		Date:	
To Be Completed by Division of Human Resources			
Will the employee exceed 30% of annualized base salary in fiscal year?		Yes:	No:
Amount Earned in Fiscal Year to Date:		Balance Remaining:	