

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	
<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 ACA Administrator FAQs)</i>			
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:
		Pay Basis:	
Base Salary:	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:
<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 ACA Administrator FAQs)</i>			
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:	