



## Additional Compensation (Multiple Assignment) Request for Research Grant/Time-Limited Positions

To Be Completed by Requesting Department	
Department Name:	
USC ID:	Name: (Last, First, Middle)
Description of Services to Be Performed:	
Dates of Services to be Performed:   Begin <span style="margin-left: 150px;">End</span>	
Time of Services to be Performed:   From <span style="margin-left: 50px;">a.m./p.m.</span> To <span style="margin-left: 100px;">a.m./p.m.</span>	
Total Number of Hours to be Worked Per Week:	
<b>Note:</b> Research grant/time-limited employees working 30 hours or more per week are mandated by the Affordable Care Act (ACA) to be entitled to insurance. <b>I understand that costs will be charged based on total University hours worked. If the employee's total hours per week equal or exceed 30 hours, the department(s) will be billed employer fringe proportionately for any applicable insurance the employee elects.</b>	
Employee's Signature:	Date:
Authorized Requesting Signature:	Date:
To Be Completed by Employing (Home) Department	
Home Department Name:	
Class/Slot:	Current Annual Salary:
Brief Description of Job Duties of Primary Position:	
Normally Scheduled Hours of Work:   From <span style="margin-left: 100px;">a.m./p.m.</span> To <span style="margin-left: 100px;">a.m./p.m.</span>	
Exempt	Non-Exempt
<b>Note:</b> If non-exempt, total compensation must reflect at least 1.5 times current hourly rate.	
Current Hourly Rate:	
Total Number of Hours Worked Per Week:	
<b>Note:</b> Research grant/time-limited employees working 30 hours or more per week are mandated by the Affordable Care Act (ACA) to be entitled to insurance. <b>I understand that costs will be charged based on total University hours worked. If the employee's total hours per week equal or exceed 30 hours, the department(s) will be billed employer fringe proportionately for any applicable insurance the employee elects.</b>	
Authorized Home Dept. Signature:	Date:
To Be Completed by Division Human Resources	
Approved	Disapproved
Comment:	
Salary Administration Signature:	Date: