

SC Technical College System

Dual Employment Form

SECONDARY AGENCY (Agency Requesting Dual Employment)

AGENCY NAME _____

SECTION/DEPARTMENT _____ SSN _____

EMPLOYEE NAME _____ STATE JOB TITLE _____

DESCRIPTION OF SERVICES TO BE PERFORMED _____

DURATION OF SERVICES AND PROPOSED COMPENSATION

DATES (MONTH/DAY/YEAR: _____ TIMES: _____ TOTAL GROSS SALARY _____

FROM _____ FROM _____ (AM/PM) HOURLY RATE _____

TO _____ TO _____ (AM/PM) (IF APPLICABLE)

TOTAL HOURS _____ FLSA ☐ EXEMPT

☐ NON EXEMPT

EMPLOYEE'S SIGNATURE _____ DATE _____

DEPARTMENT HEAD/DEAN SIGNATURE _____ DATE _____

AUTHORIZED REQUESTING AGENCY SIGNATURE _____ DATE _____

HOME AGENCY (Agency of Employee's Primary Employment)

AGENCY NAME _____ SECTION/DEPARTMENT _____

EMPLOYEE CLASS CODE _____ SLOT _____ FLSA ☐ EXEMPT CURRENT ANNUALIZED SALARY _____

☐ NON EXEMPT

NORMALLY SCHEDULED HOURS OF WORK: FROM _____ (AM/PM) TO _____ (AM/PM)

(IF FACULTY)

OFFICE HOURS: CLASS: DAYS TAUGHT: TIMES: _____ (AM/PM) TO _____ (AM/PM)

_____ (AM/PM) TO _____ (AM/PM)

_____ (AM/PM) TO _____ (AM/PM)

_____ (AM/PM) TO _____ (AM/PM)

IS THE REQUESTING AGENCY AUTHORIZED TO PAY THE EMPLOYEE TRAVEL AND SUBSISTENCE? ☐ YES ☐ NO ☐ N/A

IF NECESSARY, HAVE ARRANGEMENTS BEEN MADE FOR THE EMPLOYEE TO TAKE ANNUAL LEAVE ☐ YES ☐ NO ☐ N/A
OR LEAVE WITHOUT PAY TO RENDER THE SERVICES DESCRIBED?

SIGNATURE OF SUPERVISOR (VERIFIES THAT STATEMENT OF HOURS WORKED IS CORRECT)

AUTHORIZED EMPLOYING AGENCY SIGNATURE _____ DATE _____

HR COMMENTS _____