

Dual Employment Request Form

Requesting (Secondary) Agency			
USC ID:	Employee Name: (Last, First, Middle)		
Campus:			
Section Dept.:			
Description of Services to be Performed:			
Duration of Services and Proposed Compensation			
Date (M/D/YYYY):		Times (X:XX am or pm):	Compensation:
From: _____		From: _____	Total Gross Salary:
To: _____		To: _____	Travel & Subsistence:
Total Hours:		Hourly Rate (if applicable):	
Employee Signature			Date
Department Head Signature			Date
Dean/Chancellor/Vice President Signature			Date
Employing (Home) Agency			
Agency Name:			
Section Dept.:			
Class Code:	Slot:	Exempt	Non-Exempt
Actual Base Salary:		Supplement:	Total Salary:
Annualized Base Salary:			
Normally scheduled hours of work (include am or pm): From:			To:
Is the requesting agency 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: _____
Authorized Employing Agency Signature			Date
To be Completed by Division of Human Resources			
Approved:			
Comments:			
Disapproved:			
Comments:			
USC Division of Human Resources			Date
Provost (if applicable)			Date