UNIVERSITY OF SOUTH CAROLINA

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

Reset Form

Instructions

This form is used to request Additional Compensation (multiple assignment) for Research Grant (RGP) and Time Limited (TL) employees who are being hired in another part-time temporary capacity within the University. The requesting department must complete the top portion of this form, note all fields are required. The requesting department should then send this form to the employee's home department (the headcount department for the RGP/TL position) for completion of the second section of the form and overall approval of the assignment. This form is considered incomplete without signature of approval from the employee's home department.

Any requested hours in the additional compensation assignment that overlap with the employee's regular work schedule in the RGP/TL position must be approved by the home department with an agreement/plan to make-up hours missed in the primary position.

If the employee is FLSA exempt in their RGP/TL position the requesting department may elect to hire as either exempt or non-exempt (based on duties performed) in the additional compensation assignment. If the employee is FLSA non-exempt in their RGP/TL position, the requesting department must hire as non-exempt in the additional compensation assignment.

The completed form must be attached to a temporary hiring proposal in PeopleAdmin. Hiring proposals routed to the workflow state of 'Offer Accepted/Create Onboarding' without this form attached will be returned to the initiator which may result in delay of the hire and initial payment for the additional compensation assignment.

To Be Completed by Requesting Department

Department Name:

Empl ID: | Name: (Last, First, Middle)

Description of Services to Be Performed:

Dates of Services to Be Performed: Begin: End:

Time of Services to Be Performed: From: a.m./p.m. To: a.m./p.m.

Total Number of Hours to Be Worked Per Week: | Amount (Salary or Hourly):

Note: 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. **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.**

Employee's Signature: | Date:

Authorized Requesting Signature: | Date:

To Be Completed by Employing (Home) Department

Home Department Name: | Position #:

Class: | Current Annual Salary:

Brief Description of Job Duties of Primary Position:

Normally Scheduled Hours of Work: From: a.m./p.m. To: a.m./p.m.

Exempt: ◯ Non-Exempt: ◯

Total Number of Hours Worked Per Week:

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Authorized Home Dept Signature: | Date: