

**TECHNICAL COLLEGE OF THE LOWCOUNTRY
DUAL EMPLOYMENT REQUEST FORM**

REQUESTING (SECONDARY)

Section/Dept: _____
Employee Name: _____ SSN: xxx-xx- _____ FLSA: _____

Description of Services to be Performed:

Duration of Services and Proposed Compensation

Dates:	Times:		
From: _____	From: _____	Hrly Rate: \$ _____	Gross Sal: \$ _____
To: _____	To: _____	Total Hrs: _____	Employer Contributions: _____
			Total: \$ _____

_____ Employee's Signature	_____ Date
_____ Employee's Primary Supervisor's Signature	_____ Date
_____ Authorized Requesting Agency Signature	_____ Date

EMPLOYING (HOME) AGENCY

Agency Name: _____ Section/Dept: _____
Address: _____ Telephone: _____
Class Code: _____ Slot: _____ FLSA: _____ Current Annual Salary: _____
Normal Work Hours: From: _____ To: _____

Is the requesting agency authorized to pay the employee travel and subsistence? Yes No
If necessary, have arrangements been made for the employee to take annual leave or leave without pay to render the services described? Yes No

Authorized Employing Agency Signature

Date

Approved

Disapproved

Comments: _____
Comments: _____

Director of Human Resources

Date

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