

**THE CITADEL
DUAL EMPLOYMENT REQUEST EXTERNAL**

I. REQUESTING (SECONDARY) AGENCY/ DEPARTMENT

Agency Name:	Employee's Name:	CWID:	Primary Position #:	Department:		
Index Number:	Description of Services to be Performed:					
Dates of Services: From: _____ To: _____		Times of Services: From: _____ To: _____				
Proposed Amount:	Method of Payment: <input type="checkbox"/> Lump Sum Effective Date to be Paid: _____ <input type="checkbox"/> Installments # of Installments: _____ Date of 1 st Installment: _____					
_____ Employee's Signature		_____ Date		_____ Authorized Requesting Dept/ Agency		_____ Date

II. EMPLOYING (HOME) AGENCY/ DEPARTMENT

Agency Name:		Department:	
Class Code:	Current Salary:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
Normal Work Hours (X:XX AM/PM): From _____ To _____		Standard Weekly Work Hours _____	
Is the requesting agency authorized to pay the employee travel and subsistence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
If necessary, have arrangements been made for the employee to be in a leave without pay status to render the services described? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
_____ Authorized Employing (Home) Director / Dean		_____ Date	
_____ Vice President/Provost		_____ Date	

III. CITADEL FINANCE DEPARTMENT

Approved Funding of \$ _____	Secondary Position Number: _____
Comments:	
_____ VP Finance or Budget Director	
_____ Date	

IV. CITADEL HUMAN RESOURCES

Assignment Begin:	Will the employee exceed 30% of annualized base salary in the Fiscal Year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assignment End:	
Assign Salary:	Amount Earned in Fiscal Year to Date:
Annual Salary:	Balance Remaining:
Date Trial Checked:	Comments:
_____ Human Resources Manager	
_____ Date	