

CLAFLIN UNIVERSITY
Dual Internal Employment Work Schedule Form

Employee Name: _____
FirstMiddleLast

Department (Primary Job): _____

Title: _____ Hours Worked _____

Department (Secondary Job): _____

Title: _____ Hours Worked _____

Dual Employment Period of Request:

From _____ Through _____
MonthDateYearMonthDateYear

Please provide detail on how you will adjust your work schedule to accommodate your primary and secondary jobs.

I have read and agree to the terms and conditions outlined in Policy Number 200.28, Dual Internal Employment. I will conduct my secondary employment in accordance with the provisions contained therein.

_____ Date _____
Employee's Signature

Approvals/Denials

_____ Approved: Yes _____ No _____
Supervisor/Department Head/Date

_____ Approved: Yes _____ No _____
Dean/Date

_____ Approved: Yes _____ No _____
Vice President/Date

**Original Form - The Office of Human Resources
Copy - The Immediate Supervisor**