## CLAFLIN UNIVERSITY Dual Internal Employment Work Schedule Form

Employee Name:		
First	Middle	Last
Department ( <b>Primary Job</b> ):		
Title:	Hours Worked	
Department ( <b>Secondary Job</b> ):		
Title:	Hours Worked	
Dual Employment Period of Reque		
FromMonth Date	Through Year Month	Date Year
Please provide detail on how you w primary and secondary jobs.	vill adjust your work schedule to	accommodate your
I have read and agree to the terms and con Employment. I will conduct my second therein.		
 Employee's Signature	Date	
1 5	Approvals/Denials	
Supervisor/Department Head/Dat	11	No
Dean/Date	Approved: Yes	No
Vice President/Date	Approved: Yes	No

Original Form – The Office of Human Resources Copy – The Immediate Supervisor