

**Submit signed approval form to Human Resources for processing  
& Retain a copy for your departmental records**

**COLLEGE OF CHARLESTON  
REQUEST FOR ADDITIONAL PAY**

The following employee is contracted for additional pay for services as indicated:

\_\_\_\_\_ Name \_\_\_\_\_ CWID/Soc.Sec.No. \_\_\_\_\_ Hiring Department

Services to be performed: \_\_\_\_\_

\*\*All roster faculty teaching summer session courses will be expected to assist with the advisement of new students during the summer sessions.

Inclusive DATES: \_\_\_\_\_ and HOURS: \_\_\_\_\_ of service.  
(Specific Hours)

**TOTAL PAY:** \_\_\_\_\_

Account(s) charged: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ Signature of Budget Officer  
\_\_\_\_\_ \$ \_\_\_\_\_

\*\*\*\*\*

**NOTE:** This offer is contingent on sufficient enrollment as determined by the College. In accordance with DUAL EMPLOYMENT guidelines promulgated by the State of South Carolina, normal working schedules cannot be changed nor can hours be made up in order to accommodate a dual employment situation. Lunch periods may not be used to earn additional pay inasmuch as they are defined as "scheduled hours of work." **The College's policy limits additional pay to 30% of the 9 month base even for those on other than 9 month contracts.**

**FACULTY:**  
MY SIGNATURE CERTIFIES THAT THIS COMPENSATION REPRESENTS PAYMENT FOR ASSIGNMENTS IN EXCESS OF MY 12 HOURS COURSELOAD. \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATORS:**  
MY SIGNATURE CERTIFIES THAT THIS COMPENSATION REPRESENTS PAYMENT FOR ASSIGNMENTS COMPLETED OUTSIDE MY NORMAL WORKING HOURS. \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

_____ Signature of Requesting Authority	_____ Date	_____ Signature of Department Head (Home Dept.)	_____ Date
_____ Signature of Dean	_____ Date	_____ Signature of Provost/ Vice President	_____ Date
_____ Signature of President	_____ Date		

For Human Resources /Budget Use Only

Pay Arrangement:

Lump sum payment on \_\_\_\_\_

**OR**

Divide total pay into \_\_\_\_\_ semi-monthly payments, starting \_\_\_\_\_

\_\_\_\_\_  
Signature of Human Resources Director \_\_\_\_\_ Date