

**REQUEST FOR ADDITIONAL PAYMENT TO EMPLOYEE
FOR WORK PERFORMED AT ANOTHER STATE AGENCY
(Based on CP-30 Dual Employment Certification Form)**

(form CP30FORM)

Instructions: The borrowing agency is responsible for originating this form in triplicate, using a separate set for each employee. Unless special arrangements have been made for invoicing of the borrowing agency by the parent agency, the Borrowing Agency will forward all copies of CP-30 to the parent agency, accompanied by their check for the employee 's services as evidenced by their completion of Section One below. Upon completing Section Two, the Parent Agency budget officer will send the original to his payroll clerk as authorization to pay the borrowed employee his/her additional salary. The second copy will be filed by Parent Agency and the third copy will be returned to the Borrowing Agency. It is the responsibility of the parent agency to avoid over-collection of matching social security tax and/or under-collection of matching retirement.

<u>CERTIFICATION BY BORROWING AGENCY</u>	Analysis of Payment to Parent Agency (Fill in as Applicable)
S _____ Name of Agency	Salary for Services..... _____
E _____ Name of Employee	* Travel..... _____ NA
C _____ Nature & Location of Work Provided	* Subsistence..... _____ NA
T _____ Dates Worked	Gross due Employee..... _____ NA
I _____ Rate & Time if Appropriate	Matching Retirement _____ NA
O _____ Agency Code and Subhead	Matching Social Security (@ 7.65%) _____
N _____ Signature of Contracting Agency Official	Indirect Expense _____ NA
	Direct Cost..... _____ NA
	Total Payment Due Parent Agency..... _____
	*Borrowing Agency is assuming liability for accuracy and statutory compliance for these items.

<u>CERTIFICATION BY PARENT AGENCY</u>	
S _____ Name of Agency	We hereby certify that the actual work and the related travel time were both performed on the employee's own time, outside of regular scheduled working hours, and that the employee has not used "company time" to prepare for his services to the borrowing agency. We further certify that this payment is in complete accord with the Budget and Personnel Memorandum dated September 17, 1968, "Uniform Statewide Policy on Dual Employment."
E _____ Name of Employee	
C _____ Classification, Rank or Title	
T _____ Position Number Social Security Number	
I _____ Agency Code and Subhead Retirement Code	
O _____ I certify that the above amount has been received from the Borrowing Agency and deposited in our account. Pay employee gross salary amount of \$ _____ in addition to regular salary. (This is for Payroll purposes and should not include travel and subsistence.)	
N _____ Budget Officer (Parent Agency)	_____ Employee
	_____ Immediate Supervisor
	_____ Department Head