(form CP30FORM)

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

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 <u>Borrowing Agency</u> 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 <u>Parent Agency</u> 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 <u>Parent Agency</u> and the third copy will be returned to the <u>Borrowing Agency</u>. It is the reponsibility of the parent agency to avoid over-collection of matching social security tax and/or under-collection of matching retirement.

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

	CERTIFICATION BY PARENT AGENCY		
S E C T	Name of Agency  Name of Employee  Classification, Rank or Title		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."
N	Position Number Social Security Number		
14	Agency Code Subhead Code Reti	irement Code	Employee
T W O	I certify that the above amount has been received from the Bo Agency and deposited in our account. Pay employee gross sa of \$ in addition to regular salary. (This is for Payroll purposes and should not include travel and subsistence.)	alary amount	Immediate Supervisor  Department Head
	Budget Officer (Parent Agency)		