

REQUEST FOR ADDITIONAL PAYMENT TO EMPLOYEE FOR WORK PERFORMED FOR ANOTHER STATE AGENCY

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 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.

CERTIFICATION BY BORROWING AGENCY	Analysis of Parent Agency (Fill in As Applicable)
S E C T I O N O N E	
_____ Name of Agency	Salary for Services _____
_____ Name of Employee	◆ Travel N/A
_____ Nature & Location of Work Performed	◆ Subsistence N/A
_____ Dates Worked	Gross due Employee _____
_____ Rate & Time If Appropriate	Matching Social Security..... _____
_____ Agency Code and Subhead	Indirect Expense _____
_____ Signature of Contracting Agency Official	Direct Cost _____
Date	Total Payment Due Parent Agency _____
	◆ Borrowing agency is assuming liability for accuracy and statutory compliance for these items.

CERTIFICATION BY PARENT AGENCY		
S E C T I O N T W O		
_____ 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 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".	
_____ Name of Employee		
_____ Classification, Rank, or Title		
_____ Position Number		_____ Social Security Number (Required)
_____ Budget Code		_____ FRS Account Number
_____ Banner FOAP		_____ Date
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)		
_____ Budget Officer (Parent Agency)	_____ Date	
	_____ Employee	
	_____ Immediate Supervisor	
	_____ Department Head	
	_____ Dean (Required)	
	_____ Provost (Designee)	
	_____ Date	