**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 the payroll department 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.

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| **SECTION ONE** |
| **CERTIFICATION BY BORROWING AGENCY** | **Analysis of Payment to Parent Agency (Fill in as Applicable)** |
|  |  |  | Salary for Services………………….. |  | **$** |
| Name of Agency Agency Code |  |  | Matching Retirement……………….. |  |  |
| Name of Employee |  |  | Matching Social Security…………… |  |  |
| Nature & Location of Work Performed |  |  | Indirect Expense…………………….. |  |  |
| Dates Worked |  |  | Direct Cost…………………………… |  |  |
| Rate & Time if Appropriate**73062 0000** |  |  | Total Payment Due Parent Agency.. |  | **$** |
| Fund (6-digits) Org (6-digits) Account Program Code |  |  |
| Signature of Department Head |  |  |
| Signature of College Dean |  |  |
| Signature of Vice Chancellor |  |  |
| **SECTION TWO** |
| **CERTIFICATION BY PARENT 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/her* 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 Agency Agency Code |  |
| Name of Employee |  |
| Classification, Rank or Title |  |
| Position Number |  Employee Identification # |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Funding Source Account |  | Employee |  |
| 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. |  |  |  |  |
|  |  |  | Immediate Supervisor |  |
| Budget Officer (Parent Agency) |  |  | Department Head |  |

***(Submit original and two copies.)*** *[ ]  Payroll* *[ ]  Budget File* *[ ]  Borrowing Agency*