

## DUAL EMPLOYMENT CERTIFICATION FORM (CP-30)

### 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.

SECTION ONE	
CERTIFICATION BY BORROWING AGENCY	Analysis of Payment to Parent Agency (Fill in as Applicable)
Name of Agency <b>Winston-Salem State University</b>	Salary for Services..... _____  Matching Retirement..... _____  Matching Social Security..... _____  Indirect Expense..... _____  Direct Cost..... _____  Total Payment Due Parent Agency..... _____
Name of Employee	
Nature & Location of Work Performed	
Dates Worked	
Rate & Time if Appropriate	
Agency Code and Subhead	
Signature of Contracting Agency Official	
Signature of Contracting Agency Official	
Signature of Contracting Agency Official	

SECTION TWO	
CERTIFICATION BY PARENT AGENCY	
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 <i>his/her</i> 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."
Address of Agency	
Name of Employee	
Classification, Rank or Title <b>XXX-XX-</b>	
Position Number                      Social Security Number	
Agency Code                      Subhead Code                      Retirement Code	
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.	
Budget Officer (Parent Agency)	
	Employee
	Immediate Supervisor
	Department Head

**(Submit original and two copies.)**

Payroll

Budget File

Borrowing Agency