

SCEIS Dual Employment Request Form

Dual Employment (FTE to Temp)

REQUESTING (Secondary) AGENCY

AGENCY NAME: _____ SECTION/DEPT: _____ PHONE NUMBER: _____

AGENCY ADDRESS: _____ EMAIL ADDRESS: _____

EMPLOYEE NAME: _____ PERSONNEL NUMBER: _____

INTERNAL POSITION TITLE (Object Name): _____ SECONDARY AGENCY POSITION NUMBER: _____

DESCRIPTION OF SERVICES TO BE PERFORMED: _____

DURATION OF SERVICES AND PROPOSED COMPENSATION

DATES(MONTH/DAY/YEAR):

TIMES:

TO PROCESS SALARY/HOURLY RATE PAYMENTS:

TOTAL GROSS SALARY: _____

FROM: _____ FROM: _____ AM or PM

TRAVEL AND SUBSISTENCE: _____

TO: _____ TO: _____ AM or PM

TOTAL COMPENSATION: _____

TOTAL HOURS: _____

HOURLY RATE : _____

RETIREMENT CODE: _____
(SCRS/ORP or PORS)

TO PROCESS LUMP SUM PAYMENTS:

(Temporary Grant or Time -Limited Employment)

LUMP SUM AMOUNT: _____

BUSINESS AREA: _____

COST CENTER: _____

FUND : _____

FUNCTIONAL AREA: _____

INTERNAL ORDER: _____

GRANT: _____

WBS ELEMENT: _____

EMPLOYEE'S SIGNATURE

DATE

AUTHORIZED REQUESTING AGENCY SIGNATURE

DATE

EMPLOYING (Home) AGENCY

AGENCY NAME: _____ SECTION/DEPT: _____ PHONE NUMBER: _____

AGENCY ADDRESS: _____ EMAIL ADDRESS: _____

INTERNAL POSITION TITLE (Object Name): _____ FLSA: ___ CURRENT ANNUAL SALARY: _____

NORMALLY SCHEDULED HOURS OF WORK ARE FROM: _____ AM or PM TO: _____ AM or PM

IF NECESSARY, HAVE ARRANGEMENTS BEEN MADE FOR THE EMPLOYEE TO TAKE ANNUAL LEAVE OR LEAVE WITHOUT PAY TO RENDER THE SERVICES DESCRIBED? YES NO

AUTHORIZED EMPLOYING AGENCY SIGNATURE

DATE