

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:

FROM: _____ FROM: _____ (AM/PM)

TOTAL GROSS SALARY: _____

TO: _____ TO: _____ (AM/PM)

TRAVEL AND SUBSISTENCE: _____

TOTAL HOURS: _____

TOTAL COMPENSATION: _____

RETIREMENT CODE: _____

HOURLY RATE : _____

(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/PM) TO: _____ (AM/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