## North Carolina Agricultural & Technical State University Division of Human Resources

## **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 <u>Borrowing Agency</u> 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 <u>Parent Agency</u> 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 <u>Parent Agency</u> and the third copy will be returned to the <u>Borrowing Agency</u>. 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 Borrowing Agency Name of Agency	Salary for Services
Borrowed Employee Name Name of Employee	Matching RetirementDO NOT USE
Brief Job Description (i.e. Lecturer, Moderator)  Nature & Location of Work Performed	Matching Social Security(7.65% of Salary for Services)
Date or Date Range Worked  Dates Worked	Indirect ExpenseDO NOT USE
Date or Date Range Worked cont if necessary Rate & Time if Appropriate	Direct CostDO NOT USE
Funding Source/Position Number, if applicable  Agency Code and Subhead/Labor Distribution Fund	Total Payment Due Parent Agency
Department Approval/Requestor Signature of Contracting Agency Official	
Dean Approval 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
Name of Employee	complete accord with the Budget and Personnel Memorandum dated September 17, 1968, "Uniform Statewide Policy on Dual Employment."
Classification, Rank or Title	
Position Number Social Security Number	Employee
Agency Code Subhead Code Retirement Code Labor Distribution	Immediate Supervisor
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.	Department Head
Budget Officer (Parent Agency)	(EHRA/Academic Affairs Employees) Provost/Designee
(Submit original and two copies.)	☐ Budget File ☐ Borrowing Agency