**Temp to Temp Employment**

**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:** | | | | | |  |
| **DESCRIPTON 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: | | |  | | | a.m. or p.m. | | | | |  | | | | | | TRAVEL AND SUBSISTENCE: | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| TO: |  | | | TO: | | |  | | | a.m. or p.m. | | | | |  | | | | | | 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: | | | | | | | | | | | | | | | | | | |  | | | | | | a.m. or p.m. | | | | | | | | TO: | | | | | |  | | | | a.m. or p.m. | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |  | | | |  | | | |
| IF NECESSARY, HAVE ARRANGEMENTS BEEN MADE FOR THE EMPLOYEE TO TAKE LEAVE IF ELIGIBLE, OR LEAVE WITHOUT PAY TO RENDER THE SERVICES DESCRIBED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED EMPLOYING AGENCY SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE | | | | | | | |