**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 |