

# SCEIS Multiple Employment Request Form

## Temp to Temp Employment

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### REQUESTING (Secondary) AGENCY

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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

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### EMPLOYING (Home) AGENCY

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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 LEAVE, IF ELIGIBLE OR LEAVE WITHOUT PAY TO RENDER THE SERVICES DESCRIBED? YES NO

\_\_\_\_\_  
Authorized Employing Agency Signature

\_\_\_\_\_  
Date