

**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 Borrowing Agency will forward all copies of **OSCPXA 03** 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 Parent Agency budget officer will send the original to his payroll clerk as authorization to pay the borrowed employee his additional salary. The second copy will be filed by Parent Agency and the third copy will be returned to the Borrowing Agency. It is the responsibility of the parent agency to avoid over-collection of matching social security tax and/or under-collection of matching retirement.

S E C T I O N O N E	<u>CERTIFICATION BY BORROWING AGENCY</u>	Analysis of Payment to Parent Agency (Fill in as Applicable)	
	Name of Agency _____	Salary for Service.....	_____
	Name of Employee _____	*Travel.....	_____
	Nature & Location of Work Performed _____	*Subsistence.....	_____
	Dates Worked _____	Gross due Employee.....	_____
	Rate & Time if Appropriated _____	Matching Retirement.....	_____
	Agency Code and Subhead _____	Matching Social Security.....	_____
	Signature of Contracting Agency Official _____	Indirect Expense.....	_____
		Direct Cost.....	_____
		Total Payment Due Parent Agency.....	_____
	* Borrowing agency is assuming liability for accuracy and statutory compliance for these items.		

S E C T I O N T W O	<u>CERTIFICATION BY PARENT AGENCY</u>		<p>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 his services to the borrowing agency.</p> <p>_____ Employee</p> <p>_____ Immediate Supervisor</p> <p>_____ Department Head</p>
	Name of Agency _____		
	Name of Employee _____		
	Classification, Rank or Title _____		
	Position Number _____	XXX-XX Social Security Number	
	Agency Code _____	Subhead Code _____ Retirement Code _____	
	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.		
	(This is for Payroll purposes and should not include travel and subsistence.)		
	Budget Officer (Parent Agency) _____		