



Inter-agency Request for State Employee Services

This AGREEMENT is entered into this ____ day of ____, 20____, by and between ____ (requesting agency) and ____ (home department). The parties hereto agree as follows:

1. ____ (home department) agrees that it shall provide ____ (name of employee), who is qualified to perform the tasks set out in section 2 below.

2. Description of tasks to be performed (include dates and number of hours anticipated):

3. Employee Information:

Name

Employee ID Number

Present Job Classification (title and class code)

Appt. No.

Position #

\$_____
Hourly Rate

4. Appointment Information (check one):

This assignment will result in an appointment to the,
requesting agency
home agency

This assignment will not result in an appointment to the requesting agency, or home agency.

Appointment is effective ____, 20__ thru (and including) ____, 20__.

<p>For Minnesota Management & Budget Only</p> <p>Appropriate Class of Assignment: ____ (explain if necessary)</p> <p>Approved by: _____ Name Date</p> <p>NOTE: Unless otherwise exempted, by all inter-agency agreements must be approved by Minnesota Management & Budget.</p>	<p>Payment Information</p> <p>Payroll Expense for this assignment will be charged to the following accounting string:</p> <p>Fund ____ Financial Dept ID ____ Appropriation ID ____ Statewide Cost ____</p> <p>(Check One)</p> <p><input type="checkbox"/> Direct Payment at a rate of \$____ per hour plus fringe by department initiating appointment.</p> <p><input type="checkbox"/> Direct Payment at \$____ per quarter credit.</p> <p><input type="checkbox"/> Direct Payment at lump sum of \$____.</p>
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In CONSIDERATION for the performance of the tasks set out above ____ (requesting agency) shall pay ____ (employee name) an amount not to exceed \$____.

Approvals

Requesting Agency, by Date

Service Agency, by Date

<p>_____ Employee Signature</p>	<p>_____ Date</p>
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