

UNIVERSITY SYSTEM EMPLOYEES
EMPLOYMENT COMPENSATION AGREEMENT
BETWEEN INSTITUTIONS

1. REQUESTING INSTITUTION _____ PROVIDING INSTITUTION _____

2. REQUESTING INSTITUTION'S NEED for and description of services to be performed (attach additional sheets if necessary).

3. REQUESTING INSTITUTION'S JUSTIFICATION for obtaining part-time services from another University System employee in lieu of obtaining such services from a person not presently employed by the University System (attach additional sheets if necessary).

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| 4. EMPLOYEE'S CERTIFICATION: NAME _____ _____ SOCIAL SECURITY # _____ EMPLOYED BY _____ EMPLOYEE'S SIGNATURE _____ DATE _____ | Employee to perform services as (mark one): _____ Chaplain _____ Fireman _____ Dentist _____ Registered Nurse _____ Licensed Practical Nurse _____ Licensed Physician _____ Psychologist _____ Certified Oral or Manual Interpreter for Deaf Persons _____ Teacher or Instructor of an evening or night course or program _____ Professional holding a doctoral or masters degree from a accredited college or university |
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5. MEANS OF PAYMENT : _____ Requesting institution pays Providing Institution
_____ Requesting institution pays Individual

6. METHOD OF PAYMENT: Subject to performance of services and approval of an invoice, payment will be made via the institution's normal processing channels. Payment for employees will be made to the providing institution, which will pay excess compensation to the employee. Payment for consultants will be made to consultant directly, unless other arrangements are made.

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|-----------------------------------|-------|
| Account Number | _____ |
| Fee for Service | _____ |
| Estimated Reimbursable Expense | _____ |
| Total Estimated Cost | _____ |
| Projected Dates of Service | _____ |
| Payee (Institution or Individual) | _____ |

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|-------------------------------|------------------------------|
| 7. CONTACT INFORMATION: | |
| <u>REQUESTING INSTITUTION</u> | <u>PROVIDING INSTITUTION</u> |
| Name: _____ | Name: _____ |
| Phone: _____ | Phone: _____ |
| E-mail: _____ | E-mail: _____ |

8. PROVIDING INSTITUTIONS CERTIFICATION OF AVAILABILITY OF EMPLOYEE:

I certify that the above person is available to perform the described services and that the performance of these services will not detract from nor have a detrimental effect on the performance of the person's employment at our institution.

| | |
|---------------------------------|-------|
| _____ | _____ |
| Employee's Dean/Department Head | Date |

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| 9. APPROVED BY: | _____ |
| President, Providing Institution | Date |

| | |
|-----------------------------------|-------|
| _____ | _____ |
| President, Requesting Institution | Date |