



Employee Compensation Agreement Form

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).

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. NUMBER OF COURSES scheduled to teach at home institution _____ (Optional)
7. 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.

Account Number	_____
Fee for Service	_____
Estimated Reimbursable Expense	_____
Total Estimated Cost	_____
Projected Dates of Service	_____
Payee (Institution or Individual)	_____
8. CONTACT INFORMATION:

<u>REQUESTING INSTITUTION</u>	<u>PROVIDING INSTITUTION</u>
Name: _____	Name: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
9. 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
_____	_____
President, Providing Institution	Date
_____	_____
President, Requesting Institution	Date
10. APPROVED BY:

_____	_____
President, Providing Institution	Date
_____	_____
President, Requesting Institution	Date