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 sheet if necessary).

_______________________________________________________________________________________________________

4. EMPLOYEE’S CERTIFICATION:                     Employee to perform services as (mark one):

NAME _______________________________________________   _____Chaplain   _____Fireman    _____Dentist

______________________________________ _______  ____ Registered Nurse     _____Licensed Practical Nurse

_____________________________________________  _____Licensed Physician   _____Psychologist

SOCIAL SECURITY #____________________________                    _       _ Certified Oral or Manual Interpreter for Deaf Person

EMPLOYED BY _______________________________________  _____Teacher or Instructor of an evening or night course or program

EMPLOYEE’S SIGNATURE_____________________   ______Professional holding a doctoral or masters degree from an accredited college or university

DATE______________________________________                         ______  Other

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:
REQUESTING INSTITUTION PROVIDING INSTITUTION

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

10.                APPROVED BY:   ________________________________________   _______________________

President, Providing Institution     Date

________________________________________   _______________________
President, Requesting Institution    Date

(REV 05/2008)