

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 _____	

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

(REV 05/2008)

President, Requesting Institution

Date