

# 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 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 \_\_\_\_\_ Dental

\_\_\_\_\_ Registered Nurse \_\_\_\_\_ Licensed Practical Nurse

\_\_\_\_\_ Licensed Physician \_\_\_\_\_ Psychologist

\_\_\_\_\_ Certified Oral or Manual Interpreter for Deaf Process

\_\_\_\_\_ Teacher or Instructor of an evening or night course or program

\_\_\_\_\_ Professional holding Doctoral or Masters Degree from an accredited  
College or University

5. MEANS OF PAYMENT : \_\_\_\_\_ Requesting Institution Pays Providing Institution

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 the consultant directly, unless other arrangements are made.

Account Number \_\_\_\_\_

Fee-for-Service \_\_\_\_\_

Estimated Reimbursable Expense \_\_\_\_\_

Total Estimated Cost \_\_\_\_\_

Projected Dates of Service \_\_\_\_\_

Payee (Instituted or Individual) \_\_\_\_\_

8. CONTACT INFORMATION:

REQUESTING INSTITUTION

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

9. PROVIDING INSTITUTION'S 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