## VALDOSTA STATE UNIVERSITY 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	(	o perform services as (mark one):  Chaplain Fireman Dentist  Registered Nurse Licensed Practical Nurse	
	COCIAI SECUDITY #		Licensed Physician Psychologist	
	SOCIAL SECURITY # EMPLOYED BY		Certified Oral or Manual Interpreter for Deaf Persons Feacher or Instructor of an evening or night course or progra	
	NO. OF CREDIT HOURS		Professional holding a doctoral or masters degree from an	
		a	accredited college or university	
	DATE		Other (Specify)	
5.	MEANS OF PAYMENT: Requesting institution pays Providing Institution  Requesting institution pays Individual			
		e made to consultant directly, unless other a	stitution, which will pay excess compensation to the rrangements are made.	
7.	CONTACT INFORMATION (Individua	CONTACT INFORMATION (Individuals responsible for billing or processing payment):		
	REQUESTING INSTITUTION	PROVIDIN	IG INSTITUTION	
	Name:			
		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	
0	ADDDAVED DV.			
9.	APPROVED BY:	President, Providing Institution	Date	
		President, Requesting Institution	 Date	