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 _____

_____

_____

SOCIAL SECURITY # _____

EMPLOYED BY _____

NO. OF CREDIT HOURS _____

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 an accredited college or university**

_____ **Other (Specify)** _____

5. **MEANS OF PAYMENT :**

_____ **Requesting institution pays Providing Institution**

_____ **Requesting institution pays Individual**

6. **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) _____

7. **CONTACT INFORMATION (Individuals responsible for billing or processing payment):**

REQUESTING INSTITUTION		**PROVIDING INSTITUTION**	
Name:	_____	**Name:**	_____
Phone:	_____	**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**

9. **APPROVED BY:**

_____ _____

President, Providing Institution **Date**

_____ _____

President, Requesting Institution **Date**