

University System of Georgia
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

Name: _____

Phone: _____

E-mail: _____

PROVIDING INSTITUTION

Name: _____

Phone: _____

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
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9. APPROVED BY:

_____ President, Providing Institution	_____ Date
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_____ President, Requesting Institution	_____ Date
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