

UNIVERSITY SYSTEM OF GEORGIA  
EMPLOYEE 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 Information:	Employee to perform services as (mark one):
Name: _____	_____ Chaplain _____ Fireman _____ Dentist
Social Security #: _____	_____ Registered Nurse _____ Licensed Practical Nurse
Signature: _____	_____ Licensed Physician _____ Psychologist
Date: _____	_____ 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

5. METHOD OF PAYMENT: Subject to performance of services, payment will be made via the Requesting Institution's normal processing channels. Unless other arrangements are made, payment for employees will be made to the Providing Institution, which will pay excess compensation to the employee..

Account Number	_____
Amount to be paid for Services	_____
FICA for part-time employees (add 7.65%)	_____
Reimbursable Expenses (travel, etc.)	_____
Total Estimated Cost	_____
Projected Dates of Service	_____
Payee (Providing Institution or Individual)	_____

6. CONTACT INFORMATION:

<u>REQUESTING INSTITUTION</u>	<u>PROVIDING INSTITUTION</u>
Name: _____	_____
Phone: _____	_____
E-mail: _____	_____

7. 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 or Department Head	_____ Date
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8. APPROVED BY: _____ President, Requesting Institution	_____ Date
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_____ President, Providing Institution	_____ Date
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