UNIVERSITY SYSTEM EMPLOYEES
CONSULTANT SERVICES AGREEMENT BETWEEN INSTITUTIONS

ROUTING: ***For USG employees paid as consultants:*** Attach this form to all associated check requests.
For USG employees to be paid as employees (thru payroll): Route this form to the Payor Institution's Payroll Department.

1. REQUESTING INSTITUTION ______________________ PROVIDING INSTITUTION ______________________

2. REQUESTING INSTITUTION'S NEED for and description of services to be performed (attach additional sheets if necessary.)

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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.)

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4. EMPLOYEE'S CERTIFICATION:

Name ______________________________

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Social Security # ______________________________

Employed by ______________________________

Employee's Signature ______________________________

Date ______________________________

Employee to perform services as (mark one):

___Chaplain ___ Fireman ___Dentist

___Registered Nurse ___Licensed Practical Nurse

___L icensed Physician ___ Psychologist

___Certified Oral or Manual Interpreter for Deaf Person

___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. EMPLOYEE CLASSIFICATION / 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 administer extra compensation to the employee.

Payment for consultants will be made to consultant directly, unless other arrangements are made. An ***Employee/Indepdent Contractor Determination Checklist*** must be attached to this form to determine appropriate classification. Travel reimbursements to both employees and consultants will be made by the requesting institution.

Part-time Employee Consultant

Account Number ______________________________

Fee for Service ______________________________

Estimated Reimbursable Expense ______________________________

Total Estimated Cost ______________________________

Projected Dates of Service ______________________________

Payee (Institution or Individual) ______________________________

6. 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

7. APPROVED BY:

______________________________ ______________
President, Providing Institution Date

______________________________ ______________
President, Requesting Institution Date