



Departmental Agreement Form

UNIVERSITY SYSTEM EMPLOYEES DEPARTMENTAL AGREEMENT FORM

1. REQUESTING DEPARTMENT _____ PROVIDING DEPARTMENT _____

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

3. REQUESTING DEPARTMENT'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).

<p>4. EMPLOYEE'S INFORMATION:</p> <p>NAME _____</p> <p>_____</p> <p>SOCIAL SECURITY # _____</p> <p>EMPLOYED BY _____</p> <p>EMPLOYEE'S SIGNATURE _____</p> <p>DATE _____</p>	<p>Employee to perform services as (mark one):</p> <p>_____ Chaplain _____ Fireman _____ Dentist</p> <p>_____ Registered Nurse _____ Licensed Practical Nurse</p> <p>_____ Licensed Physician _____ Psychologist</p> <p>_____ Certified Oral or Manual Interpreter for Deaf Persons</p> <p>_____ Teacher or Instructor of an evening or night course or program</p> <p>_____ Professional holding a doctoral or masters degree from a accredited college or university</p> <p>_____ Other</p>
--	---

5. SOURCE OF PAYMENT: _____ Requesting department
_____ Providing department

6. NUMBER OF COURSES scheduled to teach at home institution _____ (Optional)

7. METHOD OF PAYMENT: Subject to performance of services .

Account Number	_____
Estimated Reimbursable Expense	_____
Total Estimated Cost	_____
Projected Dates of Service	_____

<p>8. CONTACT INFORMATION:</p> <p><u>REQUESTING DEPARTMENT</u></p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p><u>PROVIDING DEPARTMENT</u></p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
--	--

9. PROVIDING DEPARTMENT'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 Supervisor Date

10. APPROVED BY: _____
Department Head Date

Department Head Date