Departmental Agreement Form

UNIVERSITY SYSTEM EMPLOYEES
DEPARTMENT AGREEMENT FORM

1. REQUESTING DEPARTMENT_______________________________PROVIDING DEPARTMENT_____________________________________

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

3. REQUESTING DEPARTMENT’S JUSTIFICATION for obtaining part-time services from another University System employee in lieu of obtaining services from a person not presently employed by the University System (attach additional sheets if necessary).
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

4. EMPLOYEE’S CERTIFICATION: Employee to perform services as (mark one) ;
   NAME: ____________________________                        ______ Chaplain ______ Fireman _____ Dental
   ____________________________                           ______ Registered Nurse ______ Licensed Practical Nurse
   ____________________________                           ______ Licensed Physician ______ Psychologist
   SOCIAL SECURITY #_________________________                           ______ Certified Oral or Manual Interpreter for Deaf Process
   EMPLOYED BY______________________________                           ______ Teacher or Instructor of an evening or night course or program
   EMPLOYEE’S SIGNATURE___________________                           ______ Professional holding doctoral or masters degree from a accredited
   DATE_______________________________________                           college or university
   ______ Other

5. SOURCE OF PAYMENT :   Requesting department   Providing department
       ______ 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   _____________________________________________

8. CONTACT INFORMATION:
   REQUESTING DEPARTMENT   PROVIDING DEPARTMENT
   NAME: ____________________________ NAME: ____________________________
   PHONE: ____________________________ PHONE: ____________________________
   EMAIL: ____________________________ EMAIL: ____________________________

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

(WORD doc conversion 06/23/2008)