

# 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).  
\_\_\_\_\_  
\_\_\_\_\_

<p>4. EMPLOYEE'S CERTIFICATION:</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 _____ Dental</p> <p>_____ Registered Nurse _____ Licensed Practical Nurse</p> <p>_____ Licensed Physician _____ Psychologist</p> <p>_____ Certified Oral or Manual Interpreter for Deaf Process</p> <p>_____ Teacher or Instructor of an evening or night course or program</p> <p>_____ Professional holding 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	_____

8. CONTACT INFORMATION:

REQUESTING DEPARTMENT

PROVIDING DEPARTMENT

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
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