

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 sheet if necessary)

4. EMPLOYEE'S CERTIFICATION: Employee to perform services as (mark one)

| | | | |
|--------------------------|---|--------------------------------|---------------|
| NAME _____ | _____ Chaplain | _____ Fireman | _____ Dentist |
| _____ | _____ Registered Nurse | _____ Licensed Practical Nurse | |
| _____ | _____ Licensed Physician | _____ Psychologist | |
| SSN _____ | _____ Certified Oral or Manual Interpreter for Deaf Persons | | |
| EMPLOYED BY _____ | _____ Teacher or Instructor of an evening or night course/program | | |
| EMPLOYEE SIGNATURE _____ | _____ Professional holding a doctoral or masters degree from an | | |
| DATE _____ | _____ accredited college or university. | | |

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