

**UNIVERSITY SYSTEM EMPLOYEES
CONSULTANT SERVICES AGREEMENT BETWEEN INSTITUTIONS**

Effective Date _____

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.)

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.)

4. EMPLOYEE'S CERTIFICATION:

Employee to perform services as (mark one):

Name _____	___ Chaplain	___ Fireman	___ Dentist
_____	___ Registered Nurse	___ Licensed Practical Nurse	
Social Security # _____	___ Licensed Physician	___ Psychologist	
Employed by _____	___ Certified Oral or Manual Interpreter for Deaf Person		
Employee's Signature _____	___ Teacher or Instructor of an evening or night course or program		
Date _____	___ 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/Independent 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