REQUEST FOR SUPPLEMENTAL PERSONAL SERVICES PAYMENT

This form is used to request payment(s) for:

- University employees performing work outside their regular assignment
- Persons hired on a one-time basis (excluding independent contractors)

Type of Employee:

___Civil Service ___Faculty or A&P ___Other Employees

Forward to Human Resources Employment Office

PART I – AUTHORIZATION

(To be completed prior to performance of work)

Account No:	Account Nan	ne:			
Work will be supervised by:	De	pt.:			
		payments to the person(s) indicated in Part II are in compliance with all ave questions concerning this form, call 581-3463 or consult the Universit			
If, for some reason, the person(s) indicated in Part II is unable to notify the appropriate employment office in writing of changes to the		part of the service described, it is the <u>Fiscal Agent's</u> responsibility to the payee(s).			
Authorized by (signature):	, F	iscal Agent Date:			
		 Yes: Director of Grants & Research signature required below. Yes: Fiscal Agent's Supervisor signature required below except for grant accounts. 			
• If "No" to both questions, proceed to Part II					
Authorized by (signature):	Title:	Date:			
 Is this a new employee? No Yes: Form I-9, Statement of Child Support Obligation, and Student Loan Default Certification must be attached. Is this for lump sum payments to multiple payees for the same event? No: Complete section below (e.g., ticket takers for athletic events, readers for Writing Competency Exam) Yes: Go to Part II on the next page of this form 					
Name:		SSN:			
Address:					
Is hereby offered the following appointment: (include in space provided description of service, dates of service and any special provisions.)					
Compensation: \$ total to be paid in	instal	lments as follows:			
This contract is subject to: AVAILABILITY OF FUNDS and may be canceled due to lack of COMPLIANCE with all Eastern Illinois University Internal Gow No other parties may be subcontracted to fulfill this contractual obligation	verning Polices	and/or sufficient funds. and Board of Trustees' Regulations and relevant statutory authority.			
I accept the offer as outlined above. Employee signature: For Departmental Use:		Date:			

t(s) for:

PART II – TERMS OF EMPLOYMENT

Continued from page one						
1.	SOCIAL SECURITY NUMBER	AMOUNT	DATES OF			
2.	NAME					
3.	ADDRESS (not required if payee holds a regular position at		EMPLOYMENT			
4.	SIGNATURE OF PAYEE (not required if payee's signature	TO BE	AND			
	verifying performance of work described is on file in the Fiscal Agent's Office)		DESCRIPTION OF			
	Hscal Agent's Office)		DESCRIPTION OF			
		PAID	DUTIES			
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ADDITIONAL INFORMATION

- An explanation of this form is available in the "Compensation, Additional" section of the University Processes Guide (UPG).
- Blank copies of Form I-9, Statement of Child Support Obligation and Student Loan Default Certification forms are available from the Academic Affairs Office, Room 1020, Old Main.