

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 Name:

Work will be supervised by: Dept.:

Fiscal Agent's authorization represents acknowledgment that personal services payments to the person(s) indicated in Part II are in compliance with all personnel and payroll regulations applicable to Eastern Illinois University.

If, for some reason, the person(s) indicated in Part II is unable to perform all or part of the service described, it is the Fiscal Agent's responsibility to notify the appropriate employment office in writing of changes to the payment due the payee(s).

Authorized by (signature): Fiscal Agent Date:

ADDITIONAL AUTHORIZATION

- Is this payment from a grant-funded account?
Are the Fiscal Agent and employee the same person?
If "No" to both questions, proceed to Part II

Authorized by (signature): Title: Date:

PART II - TERMS OF EMPLOYMENT

- Is this a new employee?
Is this for lump sum payments to multiple payees for the same event?
(e.g., ticket takers for athletic events, readers for Writing Competency Exam)

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 installments as follows:

This contract is subject to: AVAILABILITY OF FUNDS and may be canceled due to lack of enrollment and/or sufficient funds. COMPLIANCE with all Eastern Illinois University Internal Governing Polices and Board of Trustees' Regulations and relevant statutory authority.

No other parties may be subcontracted to fulfill this contractual obligation.

I accept the offer as outlined above.

Employee signature: Date:
For Departmental Use:

