



P. O. Box 8500 • Lynchburg, TN 37352-8500
(931) 393-1542 • FAX (931) 393-1552

AGREEMENT FOR SHORT-TERM SERVICES

NAME OF PERSON PERFORMING SERVICES: _____

A. Services to be Performed: _____

B. Terms of Compensation:

Rate of Pay: _____ Total Amt. Requested: _____

Per Month Per Hour Flat Rate

Fund/Org. No.

Acct/Program No.

Position No.

C. Period of Agreement: _____

D. Conditions of Agreement: _____

E. Other Provisions: These services are subject to budget approval and must be performed in addition to teaching and/or office hours and must be entirely outside of scheduled work hours or while on annual leave. These additional duties will not interfere with the performance of regularly assigned responsibilities and duties. For teaching services, also subject to class(es) making, otherwise contract is null and void.

RECOMMENDED FOR APPROVAL: _____

REVIEWED/APPROVED BY HUMAN RESOURCES _____

APPROVED: _____

Approving Authority

PLEASE SIGN THIS DOCUMENT AND RETAIN A COPY FOR YOUR FILES. RETURN THE ORIGINAL TO THE HUMAN RESOURCES OFFICE.

Signature of Person Performing Services: _____

Date: _____

FOR COMMUNICATION, PAYROLL, AND STATE/FEDERAL REPORTING PURPOSES, THE FOLLOWING INFORMATION IS REQUIRED:

Name: _____

Social Security No. _____

Address: _____

Citizenship Status: _____