



P. O. Box 8500 • Lynchburg, TN 37352-8500
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A Tennessee Board of Regents Institution

REQUEST FOR COMPENSATION OF SERVICES

TYPE OF APPROVED SERVICES TO BE PAID OUT:

- Overload
- Short Term Services Agreement - Services Performed: _____
- Work Made for Hire Agreement - Course Title: _____
- Work Made for Hire Maintenance Agreement - Course Title: _____
- Other _____

A COPY OF THE APPROVED CONTRACT MUST BE PROVIDED WITH THIS REQUEST.

NAME OF PERSON COMPLETING SERVICES: _____

Position Title (List Faculty Rank if Applicable) _____

Social Security No. _____

The individual listed above has completed contractual services and payment should occur as follows:

Payment Amount: _____

Per Month _____

Per Hour _____

Flat Rate _____

Budget Information:

Fund: _____

Org: _____

Account: _____

Program _____

RECOMMENDED FOR APPROVAL: _____

REVIEWED/APPROVED BY HUMAN RESOURCES: _____

APPROVED: _____

Approving Authority

NOTE: THIS FORM MUST BE APPROVED AND REACH THE HUMAN RESOURCES OFFICE PRIOR TO THE 15TH OF THE MONTH IN ORDER TO BE INCLUDED IN THE PAYROLL FOR THAT MONTH. APPROVED FORMS RECEIVED IN HUMAN RESOURCES AFTER THE 15TH OF THE MONTH WILL BE PAID THE FOLLOWING MONTH.