

Supplemental/Consultant Services Payment Request

EKU Full-time Faculty

EKU Staff

EKU Part-time/Adjunct Faculty

I. Services Rendered

*Name _____ EKU ID # _____
Address _____ City _____ State _____ ZIP _____
Project Title _____ ORG Code _____
Sponsor Agency _____
Date(s) of Service Start _____ End _____
Services Provided _____

**New employees must complete an I-9 Form in the Personnel Office before they will be paid.*

II. Payment Details

(If this project is supported through outside funds, the service must have been approved in the internal budget.)

Number of hours _____ x number of days _____ x regular EKU hourly rate \$ _____ = \$ _____

For 9-month faculty, the hourly rate is calculated by dividing the annual salary by 1,350 hours; for 12-month faculty/staff, the hourly rate is calculated by dividing the annual salary by 1,950 hours.

If part-time/adjunct faculty, how many courses are you currently teaching?

How much are you compensated for each course? \$ _____

III. EKU Employee Certification

I certify that this request is in accordance with EKU's policy on consulting, located in the Faculty Handbook, Section IV, Page 14.

Employee Signature

Date

IV. Approvals

The employee submitting this request cannot sign below to approve it.

Project Director (if appropriate) Date

Budget Unit Head Date

College Dean Date

Graduate Dean (for GAs only) Date

This request is in accordance with the approved budget, and funds are available.

Division of Accounting and Financial Services Date
(Sponsored Programs or Community & Workforce Development Funds)

Vice President for Financial Affairs Date
(Institutional Funds)

Please submit the completed and approved form to the Division of Accounting and Financial Services.