

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-2593.A, Payment to Individuals for Services**

Use Only for Employees of Southern

- () Stipends
- () CE
- () Other _____

Name: _____ WVFIMS Account # _____

Address: _____

 _____ Org.# _____

SSN: _____

I, _____, agree to perform the following services
 (Name)
 for _____ at _____
 (Department/Group/Organization) (Location)

Detailed description of services to be performed _____

Date(s) of Service: From _____ To _____
 The Rate of Pay Shall be _____ Per _____
 Total Hours if Applicable _____ Total Amount Due _____

I hereby certify that the services to be performed will not interfere with or detract from my full time duties as an employee and will be performed outside of my regular work hours. I understand performing these contracted duties or services during my regular work schedule is prohibited and, if done, constitutes violation of institutional policy and West Virginia Ethics Rules for Government Employees. I understand that payment for the service(s) I provide will be processed by the payroll department and will be subject to all payroll and other withholding taxes.

 Employee Signature Date

Approved By:
Southern West Virginia Community and Technical College

Supervisor/Event Sponsor **Date**

President **Date**

Chief Financial Officer **Date**