



Number: SCP 2593.A
Effective: April 22, 1998
Revised: September 1, 2000

Payment to Individuals for Services

Use Only for Employees of Southern

- ( ) Stipends
( ) CE
( ) Other

Name:
Address:
Social Security Number

WVFIMS Account #
Spending Unit

I, \_\_\_\_\_, agree to perform the following services for \_\_\_\_\_ at \_\_\_\_\_.

Detailed description of services to be performed

Dates (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. I understand that pay for the service(s) that 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 WV Community & Technical College

Supervisor
Vice President for Business Operations
President

Date
Date