

**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: \_\_\_\_\_ WVOASIS 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**

\_\_\_\_\_  
**Vice President for Finance and Administration**

\_\_\_\_\_  
**Date**