

Eastern Illinois University – School of Continuing Education  
REQUEST FOR SUPPLEMENTAL PERSONAL SERVICES PAYMENT



This form is used to request payments for:

- University Employees performing work outside their regular assignment
- Persons hired as non-negotiated part-time temporary faculty
- Persons hired on a one-time basis

PART I – AUTHORIZATION

Account No: \_\_\_\_\_

Work will be supervised by: William C. Hine, Dean

Fiscal Agent's authorization represents acknowledgment that personal services payments to the person indicated in Part II are in compliance with all Personnel and Payroll regulations applicable to Eastern Illinois University.

If, for some reason, the person indicated in Part II is unable to perform all or part of the service described, it is the Fiscal Agent's responsibility to notify the appropriate employment office in writing of changes to the payment due the payee.

Authorized by (signature): \_\_\_\_\_ Fiscal Agent Date: 8/4/04

PART II – TERMS OF EMPLOYMENT

Is this a new employee? ☒ No  
\_\_\_\_\_ Yes: Form I-9, Statement of Child Support Obligation, and Student Loan Default Certification must be attached.

Name: Eddy, Roger L.

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Is hereby offered the following appointment: FA04 Instructor EDA 5960-931 Data Management in Educational  
4SH Mt. Vernon 08/23-10/25

\$4000.00 plus \$80.00 for each student #13 and up

sponsored credit

Compensation: \$ \_\_\_\_\_ total to be paid in \_\_\_\_\_ installment(s) as follows:

This contract is subject to:

AVAILABILITY OF FUNDS and may be canceled due to lack of enrollment and/or sufficient funds.

COMPLIANCE with all Eastern Illinois University Internal Governing Policies and Board of Trustees' Regulations and relevant statutory authority. No other parties may be subcontracted to fulfill this contractual obligation.

This employment is not eligible for State University Retirement Service credit (SURS).

Director, Off-Campus Programs \_\_\_\_\_

Date: 8-9-04

I accept the offer as outlined above.

Employee: \_\_\_\_\_

Date: 8-3-04

BR 09-09-04

17 students

PART III – SUPERVISOR'S ACKNOWLEDGEMENT

Is this a University Employee performing work outside his/her regular assignment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Supervisor's signature is required, and represents acknowledgement of this offer and verification that the above duties will not interfere with employee's regular assignment.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



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PART I – AUTHORIZATION

Account No: \_\_\_\_\_

Work will be supervised by: William C. Hine, Dean

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If, for some reason, the person indicated in Part II is unable to perform all or part of the service described, it is the Fiscal Agent's responsibility to notify the appropriate employment office in writing of changes to the payment due the payee.

Authorized by (signature): \_\_\_\_\_, Fiscal Agent Date: 11/22/04

PART II – TERMS OF EMPLOYMENT

Is this a new employee? ☒ No

☐ Yes: Form T-9, Statement of Child Support Obligation, and Student Loan Default Certification must be attached.

Name: Eddy, Roger

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Is hereby offered the following appointment: Instructor EDA 5960-991 Data Management in Educational Adm 4SH  
Olney 02/25-26. 03/11-12, 04/08-09

\$4000.00 plus \$80.00 for each student #13 and up.

sponsored credit

Compensation: \$ \_\_\_\_\_ total to be paid in \_\_\_\_\_ installment(s) as follows:

This contract is subject to:

AVAILABILITY OF FUNDS and may be canceled due to lack of enrollment and/or sufficient funds.

COMPLIANCE with all Eastern Illinois University Internal Governing Policies and Board of Trustees' Regulations and relevant statutory authority. No other parties may be subcontracted to fulfill this contractual obligation.

This employment is not eligible for State University Retirement Service credit (SURS).

Director, Off-Campus Programs \_\_\_\_\_

Date: 11-19-04

accept the offer as outlined above.

Employee: \_\_\_\_\_

Date: 12-9-04

PART III – SUPERVISOR'S ACKNOWLEDGEMENT

03-09-05 - 11

Is this a University Employee performing work outside his/her regular assignment? ☐ Yes ☐ No

Yes, Supervisor's signature is required, and represents acknowledgement of this offer and verification that the above duties will not interfere with employee's regular assignment.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



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PART I – AUTHORIZATION

Account No: \_\_\_\_\_

Work will be supervised by: William C. Hine, Dean

Fiscal Agent's authorization represents acknowledgment that personal services payments to the person indicated in Part II are in compliance with all Personnel and Payroll regulations applicable to Eastern Illinois University.

If, for some reason, the person indicated in Part II is unable to perform all or part of the service described, it is the Fiscal Agent's responsibility to notify the appropriate employment office in writing of changes to the payment due the payee.

Authorized by (signature): \_\_\_\_\_, Fiscal Agent Date: 4-6-05

PART II – TERMS OF EMPLOYMENT

Is this a new employee? ☒ No  
☐ Yes: Form I-9, Statement of Child Support Obligation, and Student Loan Default Certification must be attached.

Name: Eddy, Roger

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Is hereby offered the following appointment: SU05 EDA 5960-970 Data Management 4SH  
Olney 06/03-04, 06/08, 06/15, 06/22, 07/08-09

\$4000.00 plus \$80.00 for each student #13 and up

sponsored credit  
Compensation: \$ \_\_\_\_\_ total to be paid in \_\_\_\_\_ installment(s) as follows:

This contract is subject to:

AVAILABILITY OF FUNDS and may be canceled due to lack of enrollment and/or sufficient funds.

COMPLIANCE with all Eastern Illinois University Internal Governing Policies and Board of Trustees' Regulations and relevant statutory authority. No other parties may be subcontracted to fulfill this contractual obligation.

This employment is not eligible for State University Retirement Service credit (SURS).

Director, Off-Campus Programs: \_\_\_\_\_ Date: 4-5-05

I accept the offer as outlined above.

Employee: \_\_\_\_\_ Date: 4-22-05

PART III – SUPERVISOR'S ACKNOWLEDGEMENT BR 06-09-05 - 14

Is this a University Employee performing work outside his/her regular assignment? ☐ Yes ☐ No

If Yes, Supervisor's signature is required, and represents acknowledgement of this offer and verification that the above duties will not interfere with employee's regular assignment.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



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PART I – AUTHORIZATION

Account No: \_\_\_\_\_

Home Org: 122300

Work will be supervised by: William C. Hine, Dean

Fiscal Agent's authorization represents acknowledgment that personal services payments to the person indicated in Part II are in compliance with all Personnel and Payroll regulations applicable to Eastern Illinois University.

If, for some reason, the person indicated in Part II is unable to perform all or part of the service described, it is the Fiscal Agent's responsibility to notify the appropriate employment office in writing of changes to the payment due the payee.

Authorized by (signature): \_\_\_\_\_, Fiscal Agent Date: 11/17/11

PART II – TERMS OF EMPLOYMENT

Is this a new employee? ☒ No

☐ Yes: Form I-9, Statement of Child Support Obligation, and Student Loan Default Certification must be attached.

Name: Eddy, Roger

E Number: \_\_\_\_\_

CRN: 35950

Address: \_\_\_\_\_

Is hereby offered the following appointment: SP12: EDA 6810-950 School Law Seminar 2SH  
Mt. Vernon / ROE Annex 02/03-04, 03/30-31

\$3000.00 plus \$50.00 for each student #13 and over

SCE  
Compensation: \$ \_\_\_\_\_ total to be paid in \_\_\_\_\_ installment(s) as follows:

This Supplemental Personal Services agreement may be cancelled at the sole discretion of Eastern Illinois University due to, but not limited to, availability of funds or insufficient enrollment, and is subject to compliance with applicable laws and University policies and procedures. The Supplemental Personal Services agreement does not entitle the named individual to State University Retirement (SURS) credit.

Director, Academic and Professional Development \_\_\_\_\_ Date: 11-15-11

I accept the offer as outlined above.

Employee: \_\_\_\_\_ Date: 11-23-11

BR 2-7-12

PART III – SUPERVISOR'S ACKNOWLEDGEMENT

Is this a University Employee performing work outside his/her regular assignment? ☐ Yes ☐ No

If Yes, Supervisor's signature is required, and represents acknowledgement of this offer and verification that the above duties will not interfere with employee's regular assignment.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_