

**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: _____

Address: _____

Oasis #: _____

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. 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 Finance Officer **Date**