

**DOUGHERTY COUNTY SCHOOL SYSTEM
TEMPORARY EMPLOYEE COMPENSATION AGREEMENT**

This Agreement is voluntarily entered into between the Dougherty County School System and _____ for temporary services.

(Name)

(Street Address)

(City/State/Zip)

Services to be provided: _____

Detailed information as to services and dates will be provided in writing and attached to this agreement when needed.

Expenditures will be charged to: _____ Program.

Services will be provided at the rate of \$_____ per hour **or** \$_____ per day for _____ hours/days **or** a flat rate of \$_____. Subsistence expense will be paid not to exceed \$_____ per day.

From _____ To _____
(Month/Day/Year) (Month/Day/Year)

Airfare will be paid or mileage @ _____ per mile for _____ miles.

This document only sets the stage for the work to be provided. An expense statement must be turned into Business Services containing the following: Name and social security number, dates and times work was provided and signature of Program Director. No funds can be paid without this information.

Only expenses provided for in this agreement will be reimbursed.

Any materials of Final Product resulting from this period of service will become the sole property of the Dougherty County School System.

(Employee Signature)

(Date)

(Social Security #)

(Program Director's Signature)

(Date)

(Program Title)

(Employee Number)

(Account Number)

(Executive Director, Finance & Operational Services)

(Date)