

## Agreement to Waive Compensation

This form should be completed by University faculty who wish to decline extra compensation for additional assignments (typically research or teaching performed during the summer) and instead intend that payment be remitted to a University account.

**Background:** The act of waiving compensation and directing funds to a University account implicates tax rules that, if not properly observed, can result in the compensation being taxable to the employee, even though the employee did not receive it. This form is intended to prevent that situation.

**Instructions:** A faculty member who chooses to decline extra compensation for additional assignments must complete this form and submit it to HR before any work begins.

In general, funds may be remitted to any unrestricted University account, provided that the faculty member does not have unrestricted control over that account. The following guidelines must be observed:

1. Neither the faculty member, nor any employee reporting to him or her may serve as the Fiscal Officer on the account unless measures exist that require the approval of a third party, such as the faculty member's supervisor;
2. There must not be any arrangement or agreement that permits the faculty member to be the sole decision maker regarding the use or expenditure of the funds from the account; and
3. The account must be subject to all University policies regarding oversight and appropriate use of University funds.

Consistent with the University's mission, the account can be used for a wide variety of purposes, including, but not limited to: teaching and research supplies or equipment, scholarly travel, and related expenses. The account may not, however, be used to pay or supplement the employee's salary. Related questions or concerns can be directed to Human Resources at 486-3034.

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**PART I:** *To be completed by the **faculty member.***

I waive my right to compensation for the following services:

|                                       |  |
|---------------------------------------|--|
| Description of Services:              |  |
| Date of Services:                     |  |
| Amount:                               |  |
| SmartHR Transaction # (if available): |  |

Instead of accepting my compensation, I request (but do not direct) that an equivalent payment be made to the following University account, which conforms to the standards described above:

|              |  |
|--------------|--|
| KFS account: |  |
|--------------|--|

I understand that I may not change or revoke this agreement.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Printed Name:

**PART II:** *To be completed by the faculty member's **Dean, Director, or Designee.***

This University employee has my approval to perform the services, and any associated funds will be administered according to the standards described above.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Printed Name:

|  |
|--|
| <b>For Human Resources Use Only:</b> ___ Completed |
| HR Signature: _____ Date: _____                    |