

Instructions: Please complete the form below by filling in all appropriate fields. After securing your Dean's signature, email the document with any supporting documentation to [AcademicAffairs@liberty.edu](mailto:AcademicAffairs@liberty.edu). The document has to be signed by all parties, including your Dean, Academic Affairs and Provost prior to the start of work.

Upon completion of work, attach this document to your Provost Document Tracker request for payment.

### Employee Information

Name	_____	Currently an LU employee?	_____	Hourly	_____
Address	_____	City, State, Zip	_____		
Phone #	_____	LU E-mail	_____	@liberty.edu	_____
LU ID #	_____	Current Status	_____		

Employee Supplemental Scope of Work: (Please define the services, tasks and conditions that the work must satisfy)

Campus:    Residential                      Online                      Both

### Completion Delivery Dates/Times

Start Date	End Date	Total Hours

### Payment Amount for Scope of Work

Amount	\$ _____
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### Approvals

Initiator	(Print) _____	(Email) _____@liberty.edu	Date _____
Dean/Division Leader	(Print) _____	(Sign) _____	Date _____
Academic Affairs	(Print) _____	(Sign) _____	Date _____
Provost*	(Print) _____	(Sign) _____	Date _____
Employee	(Print) _____	(Sign) _____	Date _____

\*New pay models will also be reviewed and approved by the Provost. Other items might be sent for further review as needed.