

**Arkansas State University Department:** \_\_\_\_\_

**Arkansas State University  
PO Box 1000  
State University, AR 72467**

\_\_\_\_\_, the undersigned, agrees to perform professional services for Arkansas State University as \_\_\_\_\_ on the following dates or duration \_\_\_\_\_.

It is understood that I will be reimbursed by Arkansas State University for the above duties in the amount of \_\_\_\_\_ which is full payment for those duties. Payment will be on completion of the above mentioned duties.

\_\_\_\_\_  
**Signature & Agreement**

\_\_\_\_\_  
**ASU ID Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip Code**

\_\_\_\_\_  
**Signature of Supervisor**

**Please complete, sign and attach to the Assignment Change Form before sending for appropriate department signatures.**