



Short Term Service Agreement

Name of Employee: _____

Department: _____ Account #: _____

Job Title: _____

Immediate Supervisor: _____

Main Duties: (Or attach a Job Description)

1-

2-

3-

Contract Start Date: _____

Contract End Date: _____

Working Schedule: (if applicable): _____

Compensation: _____

Signatures:

Requested by:

Date: _____

Mr. Youil Anastas
Vice President, Finance and Administrative Affairs

Date: _____

Contracted Person

Date: _____