

# University of Kentucky

## Agreement to Waive Payment for Services Rendered

I am performing the following services for the University of Kentucky

on the following date(s) \_\_\_\_\_ and I am entering into this agreement prior to rendering these services. I waive my right to receive payment for my services or reimbursement for any related expenses. I understand that the University of Kentucky will retain the amount to which I would have been entitled and that the University has complete discretion over the use of these funds. ([Business Procedure E-7-13, Waiving Payment for Services Rendered](#))

I understand that as a result of this agreement, I will not receive taxable income for the services I have rendered nor will I receive a charitable contribution deduction for the income forgone.

***Signed:***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

***Approved:***

\_\_\_\_\_  
Dean or Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name