

University of Notre Dame
Compensation Agreement
Waiver of Payment

I, (Speaker's Name), am performing services for the University of Notre Dame on (date). Under the terms of this agreement, I waive my right to any compensation or expense reimbursement to which I would otherwise be entitled. I understand that, as a result, the University will retain the amount that would have been spent on my behalf. I am entering into this agreement prior to beginning the engagement for the University of Notre Dame which would have entitled me to this compensation.

I understand that I am not entitled to determine an appropriate donee for this foregone income, and that the University has complete discretion over the use of these funds.

As a result of this agreement, I understand that I will receive no taxable income from my services rendered, nor will I receive a charitable contribution deduction for the income foregone.

Signed:

Individual's Signature

Date

Printed Name