



# Dual Appointment Agreement More than FTE OR Part Time/Temporary

Dual Appointment # \_\_\_\_\_

## Section A – Dual Appointment Coordinator Information

Requesting Institution \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Home Institution \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

## Section B – Requesting Institution Commitment Expectations

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Institution Name \_\_\_\_\_ Request Date \_\_\_\_\_

Requested Dates of Service \_\_\_\_\_

New Background Check Needed for Position? Yes  No

Need for and description of services to be performed
Justification for obtaining services from another USG employee in lieu of obtaining such services from a person not presently employed by Institution.
Type of Dual Appointment (Refer to Human Resources Administrative Practices Manual (HRAP) Dual Appointment Section for definitions) <input type="checkbox"/> More than Full-Time Equivalent Dual Appointment <input type="checkbox"/> Part-Time/Temporary Dual Appointment
One of the following is <b>required</b> for More than Full-Time Equivalent Dual Appointment and Part-Time/Temporary Dual Appointment per O.C.G.A. § 45-10-20 through § 45-10-28. Please verify the employee meets one of the following exceptions:
<input type="checkbox"/> Doctoral or Master's Degree from an accredited college or university <input type="checkbox"/> Licensed physician <input type="checkbox"/> Dentist <input type="checkbox"/> Psychologist <input type="checkbox"/> Chaplain <input type="checkbox"/> Certified oral or manual interpreter for deaf person <input type="checkbox"/> Firefighter <input type="checkbox"/> Teacher/instructor of an evening or night course or program <input type="checkbox"/> Registered nurse or licensed practical nurse



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## Requested Obligations

Institution	Credit Hours	Contact Hours	Standard Hours*	Begin Term Date	End Term Date	FLSA Status (N/E)*	Comp Ret Elig Y/N **

\*Fields Required for Staff Positions. If Employee's duties are instructional, all columns are required.

\*\*Refer to Supplemental Pay policies for Faculty and Staff

## Section C – Home Institution Commitment

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Institution Name \_\_\_\_\_ Employee's Direct Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

### Employee Category/Status (Refer to HRAP: Classification, Compensation and Payroll)

- Staff                       Faculty                      Tenure Type \_\_\_\_\_ Rank \_\_\_\_\_
- Student                       Rehired Retiree
- Regular                       Temporary
- Exempt                       Non-exempt
- Full-Time                       Part Time

\*Full-Time Salary \_\_\_\_\_

➡ After review of the combined obligations, do the Requesting Institution obligations result in a change to the employee's FLSA status?

- Yes                       No                      New FLSA Status:                       Exempt                       Non-exempt\*

\* Earned overtime will be paid at the rate assigned to the position that incurs the overtime.

➡ After review of the combined obligations, is the employee eligible for benefits?

- Yes                       No                       Full Benefits Eligible                       Partially Benefits Eligible



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## Section D – Payment and Invoicing Details

### Compensation Details

	Amount	Combo Code	Institution Responsible HI OR RI
Fee for Service**			
FICA – 6.2%			
FICA (Med) – 1.45%			
Health & Welfare Benefits			
Retirement			
Background Check			
Other			
Estimated Reimbursable Expense (travel, parking, etc.)			
<b>Total</b>			

\*\* If employee is non-exempt, please provide the hourly rate and expected number of hours below. Fee for Service Amount above represents estimate of maximum number of hours expected to work.

Describe additional responsibilities of each institution for supporting the work of the employee (e.g. professional travel, library privileges, professional development, equipment needs, etc.)

### ➔ Home Institution Invoice and Payment Details

The Home Institution will invoice the Requesting Institution:

- One Time (End of Service)   
 Quarterly   
 Monthly   
 Other (specify) \_\_\_\_\_

The Home Institution will pay the Employee:

- Monthly   
 Biweekly



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## Section E – Signatures REQUIRED

### Dual Appointment Coordinator (DAC) Signatures

The signature below certifies that the dual appointment coordinators at both institutions have reviewed the completed agreement and have addressed implications of the combined obligations.

<b>1.</b>	DAC Req Inst. Signature	Date	Printed Name	Email
<b>2.</b>	DAC Home Inst. Signature	Date	Printed Name	Email

### Employee Signature

The signature below certifies that the employee agrees to the dual appointment engagement as defined in this agreement.

<b>3.</b>	Employee Signature	Date	Printed Name	Email
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### Home Institution Signatures

The signatures below certify that the requested employee is available to perform the described services and that the performance of these services will not detract from nor have a detrimental effect on the performance of the person’s employment at the Home Institution. They also affirm the invoice, payment and compensation details as outlined.

<b>4.</b>	Employee’s Direct Supervisor	Date	Printed Name	Email
<b>5.</b>	Dean/Administrative Dept. Head	Date	Printed Name	Email
<b>6.</b>	VP Academic Affairs (if EE is faculty @ HI)	Date	Printed Name	Email
<b>7.</b>	President/Designee	Date	Printed Name	Email

### Requesting Institution Signatures

The signatures below certify that the Requesting Institution agrees to pay the compensation details total as outlined above to the Home Institution. The signatures also affirm that the Requesting Institution is responsible for notifying the Home Institution of any changes to the compensation details or requested obligations.

<b>8.</b>	Dean/Administrative Dept. Head	Date	Printed Name	Email
<b>9.</b>	President/Designee	Date	Printed Name	Email



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## Section F – OPTIONAL

**Additional Approval Signatures (as required by Institutions, e.g. CBO, Accounting Office)**

\_\_\_\_\_  
Institution    Name    Title

\_\_\_\_\_  
Signature    Date    Email

\_\_\_\_\_  
Institution    Name    Title

\_\_\_\_\_  
Signature    Date    Email

\_\_\_\_\_  
Institution    Name    Title

\_\_\_\_\_  
Signature    Date    Email

\_\_\_\_\_  
Institution    Name    Title

\_\_\_\_\_  
Signature    Date    Email



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## Appendix B – Dual Appointment Delayed Agreement Execution Justification

Dual Appointment #: \_\_\_\_\_

Provide a written justification for the late notice Agreement Execution

## Appendix C – Dual Appointment Agreement Addendum

Dual Appointment #: \_\_\_\_\_

### Outline changes to Dual Appointment Agreement

(Any changes that affect compensation details or employee obligations require a new agreement to be executed and routed through the approval workflow)

### Dual Appointment Coordinator Signatures

\_\_\_\_\_  
RI DAC Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
HI DAC Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name