



Dual Appointment Agreement Travel Reimbursement Only

Dual Appointment # _____

Section A – Dual Appointment Coordinator Information

Requesting Institution _____

Contact Name _____ Phone _____

Title _____ Email _____

Home Institution _____

Contact Name _____ Phone _____

Title _____ Email _____

Section B – Employee Information

Requesting Institution Requested Commitment

Institution Name _____ Request Date _____

Requested Dates of Service _____

Section C – Payment and Invoicing Details

Compensation Details*			
	Amount	Combo Code	Inst Responsible HI OR RI
Estimated Reimbursable Expense (travel, parking, 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 D – 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 ensured completeness.

1. _____
DAC Req Inst. Signature Date Printed Name Email

2. _____
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.

2. _____
Employee Signature Date Printed Name Email

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.

3. _____
Employee’s Direct Supervisor Date Printed Name Email

4. _____
Chief Business Officer 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.

5. _____
Dean/Administrative Dept. Head Date Signature Email

6. _____
Chief Business Officer Date Signature Email



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Section E – OPTIONAL

Additional Approval Signatures (as required by Institutions)

_____	_____	_____
Institution	Name	Title
_____	_____	_____
Signature	Date	Email

_____	_____	_____
Institution	Name	Title
_____	_____	_____
Signature	Date	Email

Appendix A – 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

_____	_____	_____
Requesting Institution DAC	Date	Printed Name

_____	_____	_____
Home Institution DAC	Date	Printed Name