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

<table>
<thead>
<tr>
<th>Compensation Details*</th>
<th>Amount</th>
<th>Combo Code</th>
<th>Inst Responsible HI OR RI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Reimbursable Expense (travel, parking, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Dual Appointment Agreement  
Travel Reimbursement Only 

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  

Last Revision: 6/21/2021
Dual Appointment Agreement
Travel Reimbursement Only

Dual Appointment # ________________________

Section E – OPTIONAL

Additional Approval Signatures (as required by Institutions)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
<td>Email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institution</th>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
<td>Email</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Requesting Institution DAC</th>
<th>Date</th>
<th>Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Institution DAC</td>
<td>Date</td>
<td>Printed Name</td>
</tr>
</tbody>
</table>