



# Dual Appointment Agreement

Last Revision: 07/27/2016

## Section A – Preliminary Approval of Dual Appointment Engagement

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_  
 Institution Name \_\_\_\_\_ Request Date \_\_\_\_\_  
 Requested Dates of Service \_\_\_\_\_

### General Description of Dual Appointment Engagement

Type of Dual Appointment (Refer to Human Resources Administrative Practices Manual (HRAP) Dual Appointment Section for definitions)

- Full-Time Equivalent Dual Appointment
- More than Full-Time Equivalent Dual Appointment \*
- Part Time/Temporary Dual Appointment \*

\*If the engagement is considered “More than Full-Time Equivalent Dual Appointment” or “Part-Time/Temporary Dual Appointment”, please verify the employee meets one of the following exceptions as defined in O.C.G.A. 45-10-20.

- Doctoral or Master’s Degree from an accredited college or university
- Licensed physician
- Dentist
- Psychologist
- Registered nurse or licensed practical nurse
- Certified oral or manual interpreter for deaf person
- Chaplain
- Firefighter
- Teacher/instructor of an evening or night course or program

The signatures below certify that the employee and their supervisor have discussed the potential dual appointment engagement and that such service will not have a detrimental effect on their Home Institution work commitment.

Employee Name	Date	Signature	Email
Direct Supervisor Name	Date	Signature	Email



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## Section B – Dual Appointment Coordinator Information

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

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

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

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

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

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

## Section C – Employee Information

### 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       Student       Rehired Retiree  
 Regular       Temporary  
 Full-Time       Part Time – Complete Part Time Compliance Statement (Appendix A)  
 Exempt       Non-exempt\*

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.

### Current Obligations \*

Institution	Credit Hours	Contact Hours	Standard Hours	Begin Term Date	End Term Date

\*If Employee's duties at Home Institution are non-instructional, only required to fill out Institution and Standard Hours. If Employee's duties are instructional, all columns are required.



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## Requesting Institution Requested Commitment

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.

### Requested Obligations\*

Institution	Credit Hours	Contact Hours	Standard Hours	Begin Term Date	End Term Date

\*If Employee's duties at Requesting Institution are non-instructional, only required to fill out Institution and Standard Hours. If Employee's duties are instructional, all columns are required.

For More than Full-Time Equivalent Dual Appointment of full-time, benefitted Employees (not Shared), is the compensation pensionable?

Yes\*  No

*\*Refer to the Additional Compensation/Overload policies for Faculty and Staff.*



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## Section D – Payment and Invoicing Details

Compensation Details								Institution Responsible HI OR RI
Amount	Fund	Dept	Program	Class	Project #	Grant		
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>								

### 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

### Employee Signature

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

_____	_____	_____	_____
Employee Name	Date	Signature	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.

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

_____	_____	_____	_____
President/Designee	Date	Signature	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.

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

_____	_____	_____	_____
VP Academic Affairs	Date	Signature	Email

_____	_____	_____	_____
President/Designee	Date	Signature	Email



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## Section F – 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 A – Part Time Compliance Statement

Acknowledgement of the USG Part-time Policy Compliance Statement (Refer to the Academic & Student Affairs Handbook, Section 4.2, Definition of Part-Time).

Part-time faculty are non-tenured faculty employed at a single USG institution or at more than one USG institution and are subject to the following conditions:

1. Are employed as-needed, on a per-course, per semester limited term basis at the discretion of the institution and will receive no compensation unless a part-time assignment is given
2. Are not accruing time toward tenure
3. Are required to sign a letter of agreement for each appointment period and are not issued contracts
4. Are not the same as adjunct (courtesy) faculty appointments
5. Are not eligible for USG benefits, unless the part-time appointment is regular and .5 FTE or greater, in which case the benefits offered will be based on FTE in accordance with the Employees Categories policy in the Human Resources Administrative Practices Manual
6. Are required to work an average of less than 30 hours per week over the academic year. Hours worked per week are based on Contact hours. See conversion chart (in the Employee Categories policy in the Human Resources Administrative Practices Manual, [http://www.usg.edu/hr/manual/employee\\_categories](http://www.usg.edu/hr/manual/employee_categories)) to determine the number of contact hours that can be assigned to the part-time faculty to meet the less than 30 hours per week condition

A faculty member employed at an institution at a .75 FTE or greater, other than in a temporary status based on the definition in the Employee Categories policy in the Human Resources Administrative Practices Manual, [http://www.usg.edu/hr/manual/employee\\_categories](http://www.usg.edu/hr/manual/employee_categories), must be considered benefits eligible and treated accordingly.

Compliance Statement:

I certify that I have read the above policy and am in compliance with this policy.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email



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## Appendix B – Dual Appointment Delayed Agreement Execution Justification

Provide a written justification for the late notice Agreement Execution

## Appendix C – Dual Appointment Agreement Addendum

**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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





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## Appendix D – Dual Appointment Verification of Work

Employee Name \_\_\_\_\_  
Home Institution \_\_\_\_\_  
Requesting Institution \_\_\_\_\_  
Dates of Service \_\_\_\_\_

The signatures below certify that the employee is currently performing or has performed the services agreed upon in the attached Dual Appointment Agreement between the above dates of service to the satisfaction of the Requesting Institution. The signatures also affirm that the services are expected to continue as applicable.

\_\_\_\_\_  
Requesting Institution DAC      Date      Signature