



# College of Family and Consumer Sciences

## UNIVERSITY OF GEORGIA

### Dual Appointment Request Form

**INSTRUCTIONS:** To request approval of a Dual Appointment, complete all fields in this form and submit the completed form to the Office of Finance and Human Resources at [facshr@uga.edu](mailto:facshr@uga.edu). The HR team will submit the request for approval through UGA's Dual Appointment Smartsheet. Once fully approved by the central offices, departments will receive notification of the approval. For additional information on Dual Appointments, visit [USG Decisions Website for Dual Appointments](#) and [USG Policy on Dual Appointments](#).

### Eligibility and Pre-Screening Questions:

Will the employee be receiving Honoraria? YES or NO
Will the appointment be a One-Time Engagement? YES or NO
Will the appointee be receiving supplemental pay at their Home Institution? YES or NO
Is the appointee an employee of another state agency? YES or NO
Will the employee be teaching eCore or eMajor courses? YES or NO
Is the employee currently teaching eCore or eMajor courses? YES or NO
Will the appointment be travel only? YES or NO
Has the budget for the position been verified? YES or NO

### Requesting Institution Information:

First Name:
Last Name:
Is this employee a rehired retiree from a USG Institution? YES or NO
Requesting Institution: University of Georgia
Appointment Start Date:
Appointment End Date:
Reports to Manager:
Reports to Manager Title:



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Description of Services to be Performed (*Describe the work to be performed*):

Justification for Obtaining Services from another USG Institution Employee (*Reason for obtaining services from another USG employee*):

Dual Appointment Obligations (*please limit to only 4 obligations at most*):

Total Contact Hours:

Total Credit Hours:

Total Standard Hours:



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### **Compensation Information:**

Fee for Service (Total): \$
Pay Rate: \$
Frequency (Monthly, Hourly, One-Time):
Combo Code (Optional):

This will be a 100% Commitment? YES or NO
<i>If YES:</i> Commitment Term (months):
<i>If YES:</i> Housing Amount (per Month):

Will Travel be included? YES or NO
<i>If YES:</i> Reimbursement Amount: \$

### **Deductions:**

Parking (per Month): \$
Meal Plan (per Month): \$
Other (per Month): \$