VALDOSTA STATE UNIVERSITY

DUAL APPOINTMENT INTAKE FORM

All sections must be completed and submitted to hronboarding@valdosta.edu.

Employee Name: **Employee E-mail Address:**

Home Institution (Institution employee currently works):

Requesting VSU Department:

Employee Highest Degree Earned:

Date(s) of Services for Engagement: Begin Date: **End Date:**

Description of services to be performed:

Justification for obtaining another USG employee and not someone at the Home Institution.

One of the following is required 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:

☐ **Doctoral or Master's Degree from an accredited college or university** ☐ **Licensed physician**

☐ **Dentist** ☐ **Psychologist** ☐ **Chaplain** ☐ **Certified oral or manual interpreter for deaf person** ☐ **Firefighter**

☐ **Teacher/instructor of an evening or night course or program** ☐ **Registered nurse or licensed practical nurse**

Home Institution Obligations:
Credit Hours:
Contact Hours:
Standard Hours:

Requesting Institution Obligations:
Credit Hours:
Contact Hours:
Standard Hours:

Compensation Details

- **Salary for Dual Appointment (Before Taxes/benefits/retirement):**
- **Budget String: Dept** **Fund** **Program** **Class**

Requestor Name: **E-mail:** **Date Requested:**

Supervisor:

Will the employee be teaching eCore or eMajor courses?

Rehired Retiree (Y/N):

If the employee is a Rehired Retiree, a **Rehired Retiree Employment Form must be submitted with the Intake Form.*