

VALDOSTA STATE UNIVERSITY

DUAL APPOINTMENT INTAKE FORM

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

Employee Name: Employee E-mail Address:			l Address:	
Home Institution (Institution employee currently works):				
Requesting VSU Department:				
Employee Highest Degree Earned:				
Date(s) of Services for Engagement: Begin	ı 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 o	or manual interpret	er 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:	C: C:	equesting Instituti redit Hours: ontact Hours: andard Hours:	on Obligations:	
Compensation Details				
• Salary for Dual Appointment (Before Taxes/benefits/retirement):				
• Budget String: Dept	Fund	Program	1	Class
Requestor Name:	E-mail:	Da	te Requested:	
Supervisor:				
Will the employee be teaching eCore or eMajor courses?				
Rehired Retiree (Y/N):				

^{*}If the employee is a Rehired Retiree, a <u>Rehired Retiree Employment Form</u> must be submitted with the Intake Form.