



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.*