

Name _____ PERNR # _____ Date _____ Position # _____

LAST, FIRST MIDDLE

Appointment Basis: Academic Year or Annual Year

Appointment Status - Check one in each box:

Position/Rank 1 _____
 Position/Rank 2 _____
 Position/Rank 3 _____
 Title 1** _____
 Title 2** _____

- Faculty
- Librarian
- MSU
- NSCL
- Specialist
- Other

- with tenure
- tenure system prob
- with continuing
- continuing system
- fixed term
- rolling fixed term
- contract
- rolling contract

Percent time employed _____ % (in all departments involved)

- New appointee
- Presently appointed in the department/unit of _____

Individual is to be:

- Jointly appointed to the department(s)/unit(s) listed below
- Temporarily transferred to the department(s)/unit(s) listed below from _____ to _____

Upon completion of above appointment, transfer or overseas assignment the appointment will revert to the department/unit of:

RESPONSIBILITY AND FINAL RECOMMENDATION FOR ANNUAL SALARY INCREASE, PROMOTION, TENURE DETERMINATION AND ELIGIBILITY FOR LEAVE TO REST WITH THE DEPARTMENT (UNIT) OF _____

OTHER CONDITIONS (Include research support, space and travel requirements, etc., or exceptions to the above conditions. Duties and responsibilities of the individual are to be described on the reverse side.)

	*PRIMARY	SECONDARY	OTHER	OTHER
Department (Unit)	_____	_____	_____	_____
% Dept Gen Fund	_____	_____	_____	_____
Account Number	_____	_____	_____	_____
% Other Funds	_____	_____	_____	_____
Account Number	_____	_____	_____	_____
Total % this Dept.	_____	_____	_____	_____

Granted Voting Rights:

Department _____
 College _____
 University _____

Approved:

Primary Chairperson/Director Signature _____ Date _____ Second Chairperson/Director Signature _____ Date _____ Other Chairperson/Director Signature _____ Date _____

Primary Dean/Adm. Head Signature _____ Date _____ Second Dean/Adm. Head Signature _____ Date _____ Other Dean/Adm. Head Signature _____ Date _____

*The department (unit) providing the major share of the budgetary support shall be designated as the primary administrative unit.

INSTRUCTIONS - See Reverse Side

INSTRUCTIONS

This form serves as a memorandum of agreement between Deans, Directors, Chairpersons and the individual on the conditions of multiple appointments.

It is intended to detail the conditions of appointment for those individuals who:

1. receive financial support from two or more administrative units or
2. transfer completely to another administrative unit on a temporary basis.

This form is not to be used for clinical or adjunct appointments.

Equal sharing of support (i.e. 50% — 50% or $\frac{1}{3}$ — $\frac{1}{3}$ — $\frac{1}{3}$) is to be avoided. Likewise, administrative units should not support individuals at a level less than 10%.

Completed copies should be supplied to all individuals concerned. In addition, one copy should be attached to the appropriate form e.g., Change of Status, Appointment, Reappointment.

In the absence of other agreements, support of leaves for joint appointees can be determined by use of the following formula. Administrative units' share of leave support is equal to:

$$\frac{(\text{Years in unit of last six}) \times (\text{average \% of employment when in unit last six years}) \times (\text{proposed rate of pay})}{\text{_____}}$$

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Primary Department: Department of _____ College _____

% time this department _____

Duties and responsibilities _____

Secondary Department: Department of _____ College _____

% time this department _____

Duties and responsibilities _____

Other Department: Department of _____ College _____

% time this department _____

Duties and responsibilities _____
