

VALDOSTA STATE UNIVERSITY

DUAL APPOINTMENT INTAKE FORM

All sections must be completed and return to Shelby Lamar (slamar@valdosta.edu)

Employee Name:	Employee	Employee Email Address:		
Home Institution (Institution employee cu	urrently works):			
Requesting USG Institution:				
Employee Highest Degree Earned:				
Date(s) of Services for Engagement: Begin	n Date:	End Date	:	
Description of services to be performed.	(Include a text box belo	ow)		
Justification for obtaining another USG box below)	employee and not some	eone at the Home Instit	tution. (Include a text	
One of the following is required for More Time/Temporary Dual Appointment per one of the following exceptions:	_			
Doctoral or Master's Degree from an a Dentist Psychologist Chaplain C Teacher/instructor of an evening or ni	Certified oral or manual	interpreter for deaf Per	rson Firefighter	
Home Institution Obligations: Credit Hours: Contact Hours: Standard Hours:	Credit Contac	Requesting Institution Obligations: Credit Hours: Contact Hours: Standard Hours:		
Compensation Details • Salary for Dual Appointment (Be	fore Taxes/benefits/retir	ement):		
• Budget String: Fund	Dept	Program	Class	
Requestor Name:		Email:		
Date Requested:				