

## VALDOSTA STATE UNIVERSITY

## **DUAL APPOINTMENT INTAKE FORM**

All sections must be completed and return to Shelby Lamar (slamar@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:	<b>Requesting Institution Obligations:</b>
Credit Hours:	Credit Hours:
Contact Hours:	<b>Contact Hours:</b>
Standard 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 <u>Rehired Retiree Employment Form</u> must be submitted with the Intake Form.