

Memorandum of Understanding

PARTIES

This Memorandum of Understanding (MOU) is made this 1st, 2nd, 3rd etc. day of Choose Month, Enter Year between Choose Requesting Institution, and Choose Home Institution, regarding services provided by Enter the name of the Employee (Employee).

SCOPE OF WORK

Project/Service Name: Project/Service Name (Project)

Project/Services to be performed by Employee include:

*Enter project description – use as many lines as you need.*

Deliverables: Employee is required to produce in a satisfactory manner:

*Enter deliverables expected as the project is completed*

Employee will perform the services beginning Project start date and ending Project End Date. Employee will spend approximately Estimated number of hours hours on the project.

Note: A separate MOU’s is required for each Fiscal Year. For example, if the project starts in one Fiscal Year and ends in the next, two MOUs are required.

COMPENSATION TERMS - EMPLOYEE

[ ]  Employee will complete the work as PART OF regular position (no addition to salary – reimbursement is to other college agency, not the employee.)

– OR –

[ ]  Employee will complete the work as OVERLOAD to regular position. As full payment for services rendered, Choose Home Institution will pay Employee $Payment Amount per Choose payment frequency plus PERA, Medicare, and expenses consistent with Colorado Fiscal Rules and CCCS Policies and Procedures.

Payment will be made to Employee by Choose Home Institution beginning Date must be a payday – monthly or biweekly based on employee’s payroll type and ending Date must be a payday – monthly or biweekly based on employees payroll type as part of the normal payroll process. Choose Home Institution will subsequently be reimbursed by Choose Requesting Institution.

Payment to employee will not exceed $Enter Maximum Payment plus PERA, Medicare, and expenses consistent with Colorado Fiscal Rules and CCCS Policies and Procedures.

This rate of pay has been agreed upon by Choose Requesting Institution and Employee, and confirmed with Choose Home Institution.

source of funds - Choose Requesting Institution

Funds for the Project will come from Choose Requesting Institution Org Code Enter Org Code for Requesting Institution. Please attach copy of current budget for the Org Code.

Will grant funds be used to pay for all or part of this project/service? [ ]  No [ ]  Yes

 If yes, attach a copy of the grant and grant budget.

 \_\_\_\_\_\_ (Initials of Grant Coordinator) This use of funds is appropriate to the grant.

COMPENSATION TERMS - Choose Home Institution

The Controller of Choose Home Institution will invoice the Controller of Choose Requesting Institution:

[ ]  Choose Frequency of Invoicing

– OR –

[ ]  One Time Only On Click here to enter a date.

for Enter amount of each payment plus PERA (20.40%), Medicare (1.45%), and expenses consistent with Colorado Fiscal Rules and CCCS Policies and Procedures; total not to exceed Enter Maximum Payment for the entire project. Invoice(s) will include Choose Home Institution Org Code Enter Org Code for Home Institution.

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Invoice(s) and NHIDIST printout from Banner will be submitted to:

Controller

Choose Requesting Institution

Address of Requesting Institution

Payment will be remitted to:

Controller

Choose Home Institution

Address of Home Institution

REQUESTER INFORMATION AND SIGNATURE

The requester is responsible for notifying the Finance and HR Departments at the Home Institution as work is completed to assure that the Employee is paid and invoices are sent to the Requesting Institution on a timely basis.

 (Initial if this is grant funded) I will assure that Employee timesheets are completed for 100% of the work performed and that the timesheets are submitted to the Finance Department.



Printed name of requester

Title of requester

Division Name

Choose Requesting Institution

Phone Number



Printed name of Org Code Approver

Title of Org Code Approver

Division Name

Choose Requesting Institution

Phone Number

SIGNATURE APPROVAL - Choose REQUESTing Institution

This MOU between Choose Requesting Institution and Choose Home Institution and the employment agreement between Choose Requesting Institution and Employee Name is at will and can be terminated by either party at any time, with or without cause.

This MOU may also be extended based on mutual agreement between Choose Requesting Institution and Choose Home Institution by executing a new MOU.

 [ ]  Approved [ ]  Denied by:

 HR Director Name

 Human Resources Director

 Phone Number

 [ ]  Approved [ ]  Denied by:

 Controller Name

 Controller

 Phone Number

 [ ]  Approved [ ]  Denied by:

 CFO Name

 CFO

 Phone Number

SIGNATURE APPROVALS - Choose Home Institution

This MOU between Choose Requesting Institution and Choose Home Institution and the employment agreement between Choose Requesting Institution and Employee Name is at will and can be terminated by either party at any time, with or without cause.

This MOU may also be extended based on mutual agreement between Choose Requesting Institution and Choose Home Institution by executing a new MOU.

Name of employee: Banner S#: Enter Employee Name.

Regular Position Title: Enter employee’s position title

Campus Mailing Address: Enter employee’s campus mailing address.

Position Classification: [ ]  Non-Classified [ ]  Classified FLSA Overtime Eligible: [ ]  Yes [ ]  No

If you are a faculty member or instructor, please include a copy of your current course schedule.

 (Initial if this is overload work) I attest that the work completed for the Project will be completed outside of my regular work/contract hours. No work for this project will be conducted during my regular business hours. If there is a conflict with my regular business hours. I will use annual/personal leave during this time.



[ ]  Approved [ ]  Denied by

 

 Supervisor

 Title

 Phone Number

 [ ]  Approved [ ]  Denied by: 

HR Director Name

 Human Resources Director

 Phone Number

[ ]  Approved [ ]  Denied by:

 

 Controller Name

 Controller

 Phone Number

 [ ]  Approved [ ]  Denied by:



 CFO Name

 CFO

 Phone Number