



**Memorandum of Understanding
ROUTING SHEET**

Date:

After reviewing, route to next person on the list.

REQUESTING INSTITUTION:

COMPLETE

Person Making the Request:

Org Code Owner *(if different from requestor)*:

Grant Fund Coordinator *(if applicable)*:

Controller:

HOME INSTITUTION:

Human Resources Director:

Employee *(if applicable)*:

Employee Supervisor *(if applicable)*:

Controller:

**WHEN COMPLETE, RETURN ALL FORMS TO HUMAN RESOURCES DEPARTMENT OF
REQUESTING INSTITUTION**

Original copy goes to Requestor.

Copies go to:

Requesting Institution:	Home Institution:
1. Controller	1. Controller
	2. Employee <i>(if applicable)</i>
	3. Employee Supervisor <i>(if applicable)</i>
	4. Human Resources