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**Memorandum of Understanding**

**(Projects/Special Assignments)**

1. **SCOPE OF WORK AND PARTIES**

This Memorandum of Understanding (MOU) is made this **Date** day of **Month**, **Year** between **– Select Requesting Institution -** and **- Select Home Institution -** regarding services provided by **Employee**.

**Employee** will complete the following scope of work in a satisfactory manner for **Requestor**.

Project/Assignment Name: **Project/Service Name (Project)**

Project/Assignment to be performed by **Employee** includes:

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

This work will be performed beginning **Project Start Date** and end **Project End Date** for a total of **Estimated Number of Hours** hours (hours listed will be associated with the payment for this work for any ACA tracking). This MOU may be extended based on mutual agreement between **- Requesting Institution -** and **- Home Institution -** by executing an addendum to this MOU.

Note: A separate MOU is required for each fiscal year. If a project starts in one fiscal year and ends in the next, two MOUs are required.

1. **SOURCE OF FUNDS**

Funds for this project will come from **- Requesting Institution -** Org Code **Org Code for Requesting Instituition**.

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

**Initials** *(Initials of Grant Coordinator when grant funds are used.)* This use of funds is appropriate to the grant and the funds are available.

1. **COMPENSATION TERMS**

The employee will complete this work:

As part of their regular position (while the home institution may be provided with payment from the requesting institution, the employee will not receive additional pay but may receive release time to complete the project).

The requesting institution will reimburse an amount not to exceed **[Amount]**.

As an overload (the employee will perform work in addition to their regular job duties, or while on approved leave, and receive additional pay to complete the project).

The employee will be paid **[Amount]** per **[pay frequency]** in accordance with the project schedule or, if a one-time payment is provided, on the next available pay period upon notice of completion of the project.

The requesting institution will reimburse the home institution an amount not to exceed **[Maximum amount]**.

This amount is inclusive of PERA, Medicare, and expenses consistent with Colorado Fiscal Rules and CCCS Policies and Procedures.

**– OR –**

The home institution will be responsible for any additional costs for PERA, Medicare, or other expenses consistent with Colorado Fiscal Rules and CCCS Policies and Procedures.

1. **TRANSFER OF FUNDS**

Requester will notify their Finance office of project completion and confirmation of amounts to be paid. The requesting institution finance office will remit IET to the Controller of **- Home Institution -**. **- Home Institution -** will be responsible for processing the payment amount to the employee on the next available pay period. Invoicing will occur:

Frequency of Invoicing

**– OR –**

One Time Only on **Click here to enter a date**

1. **REQUESTER INFORMATION AND SIGNATURE**

I have confirmed with my Human Resources Office that this is the correct process for requesting this project work and the compensation terms are appropriate.

The requester is responsible for notifying the **Finance and HR Departments** at the **Home Institutions** as work is completed so the Home Institution can process payment to the **Employee** on a timely basis.

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Requester’s Signature Date

**Name of Requester**

**Title of requester**

**Department – Institution**

**Phone Number**

1. **APPROVALS**

The MOU between **- Requesting Institution -** and **- Home Institution -** and the employment agreement between **Requesting Institution** and **the employee** 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 **- Home Institution -** and **- Requesting Institution -** by executing a new MOU.

Approved  Denied by:

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Signature Date

**Name of Requesting Org Code Approver**

**Department - Institution**

**Phone Number**

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Signature Date

**Employee Name**

**Department - Institution**

Approved  Denied by:

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Signature Date

**Requesting Institution Controller Name**

**Phone Number**

Approved  Denied by:

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Signature Date

**Home Institution Controller Name**

**Phone Number**

Approved  Denied by:

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Signature Date

**Home Institution HR Director**

**Phone Number**

This MOU is considered fully executed once all required signatures noted above are obtained. The Requesting Institution will provide monies as indicated on this agreement to the Home Institution.