****

**Memorandum of Understanding**

**(Workshops, Trainings, Advisory Boards)**

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 compensation for successful completion and/or attendance in **[description/title of workshop, training, advisory board]**. Employee(s) will complete this **[workshop/training/advisory board role]** beginning **Click or tap to enter a date.** or **Click or tap to enter a date.**. Employee(s) will spend approximately **[number of hours]** hours on this project (number of hours should be associated with any additional payments for ACA tracking purposes) to be reimbursed at $\_\_\_/hour, as indicated specific to each event.

A sign in sheet or roster of attendees will need to be maintained and submitted for each event to include each participating employee’s name, institution, SNumber, and employment type (e.g., Faculty/Instructor/APT/Classified/Student).

Note: A separate MOU 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.

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 will receive release time to complete the project).

The requesting institution will reimburse an amount not to exceed to the institution **[Amount]**. No payment required to employee.

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 FROM CCCS TO INSTITUTION**

Requester will send a payment request to the CCCS Finance office that includes the date of event, employee names, institution, amount(s) to be paid, and FOAP (Fund, Org, Account and Program Code) along with the authorization from the org owner. The requesting institution Finance office will remit IET4 to the Controller of **- Home Institution -**. Transfer of funds will occur after successful completion of each event or series of events, as determined by requester.

1. **RESPONSIBILITY OF INSTITUTION HR: PAYMENT TO EMPLOYEE**

**- Home Institution -** upon notice from the requestor, Human Resources at the employee’s home institution will be responsible for processing the payment amount to each of their identified employees, as well as carrying the cost of taxes and benefits, through payroll.

1. **REQUESTER INFORMATION AND SIGNATURE**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 participating employees** 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 **- Requesting Institution -** and **- Home Institution -** by executing an addendum to this MOU.

Approved  Denied by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Name of Requesting Org Code Approver**

**Department - Institution**

**Phone Number**

Approved  Denied by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Requesting Institution Controller Name**

**Phone Number**

*The signatures below are not required when the agreement is between the Requesting Institution and multiple colleges. However, a copy of the signed agreement should be provided to each institution for reference.*

Approved  Denied by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Home Institution Controller Name**

**Phone Number**

Approved  Denied by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Home Institution HR Director**

**Phone Number**

This MOU is considered fully executed once all required signatures noted above are obtained. The Obligator (requester) will provide monies as indicated on this agreement to the recipients.