

## DUAL APPOINTMENT WORKSHEET

Fill out all information. Print, sign and return to Leslye Skiba at Central Human Resources  
LSKIBA@UGA.EDU

EMPLOYEE THAT DUAL APPOINTMENT IS FOR: \_\_\_\_\_

Employee contact email : \_\_\_\_\_

USG Institution where employee currently works (Home Institution) \_\_\_\_\_

USG Institution that is requesting the employee to work for them \_\_\_\_\_

Supervisor at Requesting Institution (if known) \_\_\_\_\_

UGA Department Head/Supervisor \_\_\_\_\_

UGA College or Department \_\_\_\_\_

Does this DAA include travel \_\_\_\_\_ Allocated amount \_\_\_\_\_

Obligation at HOME institution position (Standard Hours) \_\_\_\_\_ (Credit Hours) \_\_\_\_\_  
(if known)

How will the employee be paid

☐

One Time Payment

☐

Hourly Rate

☐

Monthly

Dual Appointment Position (what will the work entail) \_\_\_\_\_

Justification: (why do you need this person)

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Term of service of Dual Appointment (dates they will be working) \_\_\_\_\_

Hours of service for dual appointment (Standard Hours) \_\_\_\_\_ (Credit Hours) \_\_\_\_\_

Salary for dual appointment before taxes/benefits/retirement \_\_\_\_\_

Notes:

UGA Department Human Resources Representative (filling out this form)

Email \_\_\_\_\_

College \_\_\_\_\_

Dean \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_